

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009850

FILED
Mar 24, 2005
Secretary of State

Entity Name: EMERGENCY PET HOSPITAL FOUNDATION OF COLLIER COUNTY, INC.

Current Principal Place of Business:

1217 AIRPORT RD. SOUTH
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

1217 AIRPORT RD. SOUTH
NAPLES, FL 34104

New Mailing Address:

FEI Number: 20-2538340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAULICH, JOHN ESQ.
ANCHOR RODE DRIVE
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

PAULICH, JOHN ESQ.
5147 CASTELLO DRIVE
NAPLES, FL 34103 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

03/24/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MADISON, ERIC DVM
Address: 1217 AIRPORT RD. SOUTH
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: AMBROSE, GAYEL
Address: 1217 AIRPORT RD. SOUTH
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: FOELLER, CHARLENE
Address: 1217 AIRPORT RD. SOUTH
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MADISON, ERIK J DVM
Address: 1217 AIRPORT RD. SOUTH
City-St-Zip: NAPLES, FL 34104

Title: D (X) Change () Addition
Name: AMBROSE, GAYEL L
Address: 1217 AIRPORT RD. SOUTH
City-St-Zip: NAPLES, FL 34104

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIK J. MADISON, DVM

D

03/24/2005

Electronic Signature of Signing Officer or Director

Date