

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # P05000094706 1. Entity Name EMERGENCY VETERINARY SERVICES OF LEE COUNTY, INC.				Secretary of S					
Principal Place of Business 10962 SOUTH CLEVELAND AVENUE FORT MYERS, FL 33907		Mailing Address 10962 SOUTH CLEVELAND AVENUE FORT MYERS, FL 33907		 04272007 No Chg-P CR2E034 (11/05)					
DO NOT WRITE IN THIS SPACE				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">4. FEI Number 61-1493086</td> <td style="width: 20%;">Applied For <input type="checkbox"/> Not Applicable</td> </tr> <tr> <td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td> </tr> </table>		4. FEI Number 61-1493086	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent NOONAN, GERALYN F ESQ 8250 COLLEGE PARKWAY SUITE 202-B FORT MYERS, FL 33919				DO NOT WRITE IN THIS SPACE					
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>									
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees							
10. OFFICERS AND DIRECTORS				U000000743011 05/15/07-80089-019 150.00					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE					
PT	FEBBO, MARK DR.	40450 SUZAN DRIVE	PUNTA GORDA, FL 33982						
VP	KILGORE, NAOMI	40450 SUZAN DRIVE	PUNTA GORDA, FL 33982						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE:				Date: 4-27-07 Daytime Phone #: 239)274-7387					