

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000094706

1. Entity Name
EMERGENCY VETERINARY SERVICES OF LEE
COUNTY, INC.



Principal Place of Business

10962 SOUTH CLEVELAND AVENUE
FORT MYERS, FL 33907

Mailing Address

10962 SOUTH CLEVELAND AVENUE
FORT MYERS, FL 33907

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



04272007 No Chg-P CR2E034 (11/05)

| | |
|------------------------------------|--|
| 4. FEI Number 61-1493086 | Applied For <input type="checkbox"/> |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PT
NAME FEBBO, MARK DR.
STREET ADDRESS 40450 SUZAN DRIVE
CITY-ST-ZIP PUNTA GORDA, FL 33982

000000743011
05/15/07-80089-019 150.00

TITLE VP
NAME KILGORE, NAOMI
STREET ADDRESS 40450 SUZAN DRIVE
CITY-ST-ZIP PUNTA GORDA, FL 33982

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Naomi Lee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-07

Date

239)274-7387

Daytime Phone #