

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000107290

FILED  
Apr 06, 2010  
Secretary of State

**Entity Name:** TOWN AND COUNTRY ANIMAL HOSPITAL OF COLLIER COUNTY, INC.

**Current Principal Place of Business:**

1828 SANTA BARBARA BOULEVARD  
NAPLES, FL 34116

**New Principal Place of Business:**

**Current Mailing Address:**

1828 SANTA BARBARA BOULEVARD  
NAPLES, FL 34116

**New Mailing Address:**

**FEI Number:** 13-4366108

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHEFFY, JANE Y ESQ.  
2375 TAMIAMI TRAIL NORTH  
SUITE 310  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

WHITTEMORE, KARI  
4933 N TAMIAMI TRAIL  
203  
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: KARI WHITTEMORE

04/06/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CHETKOWSKI, JANE D  
Address: 7935 HAVEN DRIVE  
City-St-Zip: NAPLES, FL 34104

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JANE CHETKOWSKI

P

04/06/2010

Electronic Signature of Signing Officer or Director

Date