

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90103 045 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000029096

1. Corporation Name

EMERGENCY PET HOSPITAL OF COLLIER COUNTY, INC.

Principal Place of Business

1217 S. AIRPORT RD.  
NAPLES FL 34104  
US

Mailing Address

1217 S. AIRPORT RD.  
NAPLES FL 33942  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1993

4. FEI Number

65-0415391

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

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9. Name and Address of Current Registered Agent

CONLEY, DAN  
6316 TRAIL BLVD.  
NAPLES FL 34108

10. Name and Address of New Registered Agent

81 Name JEFFREY R. NOBLE

82 Street Address (P.O. Box Number is Not Acceptable)

5380 TRAIL BLVD

83

84 City NAPLES

FL

85 Zip Code

34108

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

JEFFREY R. NOBLE, TREAS.

(NOTE: Registered Agent signature required when registering)

DATE

4/12/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME RANDALL, DAVID

STREET ADDRESS 1163 S. TAMiami TRAIL

CITY-ST-ZIP NAPLES FL 34113

TITLE ☐ DELETE

NAME NOBLE, JEFF

STREET ADDRESS 5380 N. TRAIL BLVD.

CITY-ST-ZIP NAPLES FL 34108

TITLE ☐ DELETE

NAME STAWSKI, PAMELA

STREET ADDRESS 1550 - 40TH TERR., SW

CITY-ST-ZIP NAPLES FL 34116

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS 11363 S. TAMiami TR

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 830 Deep Lagoon Ln.

3.4 CITY-ST-ZIP Ft. Myers, FL 33917

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

JEFFREY R. NOBLE, TREAS.

Date

Daytime Phone

541-597-3108

CR2E034 (11/98)

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