

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000010098

**Entity Name:** PETMED EXPRESS, INC.**Current Principal Place of Business:**420 SOUTH CONGRESS AVENUE  
DELRAY BEACH, FL 33445**Current Mailing Address:**420 SOUTH CONGRESS AVENUE  
DELRAY BEACH, FL 33445**FEI Number:** 65-0680967**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSENBLOOM, BRUCE  
420 SOUTH CONGRESS AVENUE  
DELRAY BEACH, FL 33445 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	D
Name	FULGONI, GIAN
Address	420 S. CONGRESS AVENUE
City-State-Zip:	DELRAY BEACH FL 33445

Title	CEOP
Name	AKDAG, MENDO
Address	420 S. CONGRESS AVENUE
City-State-Zip:	DELRAY BEACH FL 33445

Title	CFOT
Name	ROSENBLOOM, BRUCE
Address	420 S. CONGRESS AVENUE
City-State-Zip:	DELRAY BEACH FL 33445

Title	D
Name	FORMICA, FRANK
Address	420 S. CONGRESS AVENUE
City-State-Zip:	DELRAY BEACH FL 33445

Title	D
Name	SCHWEITZER, ROBERT C
Address	420 S. CONGRESS AVENUE
City-State-Zip:	DELRAY BEACH FL 33445

Title	D
Name	KORN, RONALD J
Address	420 S. CONGRESS AVENUE
City-State-Zip:	DELRAY BEACH FL 33445

*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:** BRUCE ROSENBLOOM, PETMED EXPRESS, INC. CFOT

03/13/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date