

2019 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 US**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

Title	DIRECTOR
Name	COOLIDGE GEESEY CAMPBELL, LESLIE
Address	420 S. CONGRESS AVE
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 S. ROSENBLOOM**CFO****04/22/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date