

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **465363 (0)**

1. Corporation Name
VETERINARY EMERGENCY CLINIC OF CENTRAL FLORIDA, INC.



Principal Place of Business: **882 JACKSON STREET WINTER PARK FL 32789**
Mailing Address: **882 JACKSON STREET WINTER PARK FL 32789**

2. Principal Place of Business (21-24)
2a. Mailing Address (26-29)
22. City & State
23. Zip
25. Country

3. Date Incorporated or Qualified: **11/25/1974**
3a. Date of Last Report: **02/27/1995**
4. FEI Number: **59-1565694**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **GEORGE, JACKIE 882 JACKSON AVENUE WINTER PARK FL 32789**
10. Name and Address of New Registered Agent (81-84):
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83:
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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: *Jackie George* Jackie George 1/23/96
(Typed Name of Registered Agent) (Typed Name of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DT	NAME: SIMMONS, LELAND STREET ADDRESS: 8932 S AOPKA VINELAND RD CITY-STATE-ZIP: ORLANDO FL	1.1 TITLE: D	12 NAME: Simmons, Leland 13 STREET ADDRESS: 8932 S. Aopka Vineland Rd. 14 CITY-STATE-ZIP: Orlando, FL
TITLE: DP	NAME: HALL, MARC STREET ADDRESS: 733 S BLUFORD ROAD CITY-STATE-ZIP: OCOEE FL	2.1 TITLE: D	2.2 NAME: Hall, Marc 2.3 STREET ADDRESS: 733 S. Bluford Road 2.4 CITY-STATE-ZIP: Ocoee, FL
TITLE: DV	NAME: FINNELL, GLENN STREET ADDRESS: 11265 SOUTH HIGHWAY 441 CITY-STATE-ZIP: ORLANDO FL	3.1 TITLE: DP	3.2 NAME: Finnell, Glenn 3.3 STREET ADDRESS: 11265 South Highway 441 3.4 CITY-STATE-ZIP: Orlando, FL
TITLE: D	NAME: ACKERMAN, WILLIAM STREET ADDRESS: 2840 EAST HIGHWAY 192 CITY-STATE-ZIP: KISSIMMEE FL	4.1 TITLE: DV	4.2 NAME: Ackerman, William 4.3 STREET ADDRESS: 2840 East Highway 192 4.4 CITY-STATE-ZIP: Kissimmee, FL
TITLE: DS	NAME: GRIFFITH, EDWARD STREET ADDRESS: 2320 MARKINGHAM ROAD CITY-STATE-ZIP: MAITLAND FL	5.1 TITLE: DS	5.2 NAME: Rubinstein, Richard 5.3 STREET ADDRESS: 1484 Tusawilla Road 5.4 CITY-STATE-ZIP: Oviedo, FL
TITLE: D	NAME: MILLER, JOHN STREET ADDRESS: 500 STATE ROAD 50 CITY-STATE-ZIP: WINTER GARDEN FL	6.1 TITLE: DT	6.2 NAME: Miller, John 6.3 STREET ADDRESS: 500 State Road 50 6.4 CITY-STATE-ZIP: Winter Garden, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 other attachment with an address.

SIGNATURE: *John Miller* 1-29-96 407/656-4132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Federal Phone #

CR2E034 (12/95)