

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

FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **465363** (0)
1. Corporation Name
VETERINARY EMERGENCY CLINIC OF CENTRAL FLORIDA, NC.



Principal Place of Business 882 JACKSON STREET WINTER PARK FL 32789	Mailing Address 882 JACKSON STREET WINTER PARK FL 32789-4667
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 11/25/1974	3a. Date of Last Report 02/02/1996
4. FEI Number 59-1565694	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 Name **Lee, Jackie**
82 Street Address (P.O. Box Number is Not Acceptable)
882 Jackson Avenue
83
84 City **Winter Park** FL 85 Zip Code **32789**

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 *Jackie Lee* **JACKIE LEE** 1-15-97
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SIMMONS, LELAND	
STREET ADDRESS	8932 S APOPKA VINELAND RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HALL, MARC	
STREET ADDRESS	733 S BLUFORD ROAD	
CITY-ST-ZIP	OCFEE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	FINNELL, GLENN	
STREET ADDRESS	11265 SOUTH HIGHWAY 441	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ACKERMAN, WILLIAM	
STREET ADDRESS	2840 EAST HIGHWAY 192	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	GRIFFITH, EDWARD	
STREET ADDRESS	2320 MARKINGHAM ROAD	
CITY-ST-ZIP	MAITLAND FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MILLER, JOHN	
STREET ADDRESS	500 STATE ROAD 50	
CITY-ST-ZIP	WINTER GARDEN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Colbert, Timothy	
1.3 STREET ADDRESS	10640 E. Colonial Drive	
1.4 CITY-ST-ZIP	Orlando, FL 32817	
2.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Hicks, Robert	
2.3 STREET ADDRESS	2229 Boggy Creek Road	
2.4 CITY-ST-ZIP	Kissimmee, FL 34744	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Finnell, Glenn	
3.3 STREET ADDRESS	11265 South Highway 441	
3.4 CITY-ST-ZIP	Orlando, FL 32837	
4.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Ackerman, William	
4.3 STREET ADDRESS	2840 East Highway 192	
4.4 CITY-ST-ZIP	Kissimeme, FL 34744	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Rubinstein, Richard	
5.3 STREET ADDRESS	1484 Tusawilla Road	
5.4 CITY-ST-ZIP	Oviedo, FL 32765	
6.1 TITLE	DV, DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Miller, John	
6.3 STREET ADDRESS	500 State Road 50	
6.4 CITY-ST-ZIP	Winter Garden, FL 32787	

14. I do 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.

SIGNATURE: *John Miller* 1/16/97 4076564132
(Signature and typed or printed name of signing officer or director) Date Daytime Phone #

CR2E034 (9/96)