

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

**FILED**  
**Feb 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: **11/25/1974**

4. FEI Number: **59-1565694**

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**LEE, JACKIE**  
**882 JACKSON AVENUE**  
**WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81 Name: **Canada, Carolyn**

82 Street Address (P.O. Box Number is Not Acceptable): **882 Jackson Ave**

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: *Carolyn Canada* Carolyn Canada Hospital Administrator 2/23/98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	COLBERT, TIMOTHY	
STREET ADDRESS	10640 E COLONIAL DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HICKS, ROBERT	
STREET ADDRESS	22229 BOGGY CREEK RD	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FINNELL, GLENN	
STREET ADDRESS	11265 SOUTH HIGHWAY 441	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	ACKERMAN, WILLIAM	
STREET ADDRESS	2840 EAST HIGHWAY 192	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUBENSTIEN, RICHARD	
STREET ADDRESS	1484 TUSCAWILLA RD	
CITY-ST-ZIP	OVIEDO 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Vaughan, Joseph
3.3 STREET ADDRESS	2889 West Lake Mary Blvd.
3.4 CITY-ST-ZIP	Lake Mary, FL 32746
4.1 TITLE	Director - Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Bacia, Jeffery
4.3 STREET ADDRESS	2608 N. Powers Drive
4.4 CITY-ST-ZIP	Orlando, FL 32818
5.1 TITLE	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 or 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 Smith* President 2/10/98 407 656 4132

CR2E034 (10/97)