


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

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FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90005 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 465363

1. Corporation Name
VETERINARY EMERGENCY CLINIC OF CENTRAL FLORIDA, I NC.



Principal Place of Business 882 JACKSON STREET WINTER PARK FL 32789	Mailing Address 882 JACKSON STREET WINTER PARK FL 32789
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/25/1974	4. FEI Number 59-1565694	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 Zip Country	28 Zip Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
CANADA, CAROLYN 882 JACKSON AVE WINTER PARK FL 32789		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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLBERT, TIMOTHY	1.2 NAME	
STREET ADDRESS	10640 E COLONIAL DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, ROBERT	2.2 NAME	
STREET ADDRESS	22229 BOGGY CREEK RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHAN, JOSEPH	3.2 NAME	
STREET ADDRESS	2889 WEST ALKE MARY BLVD Lake	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL 32746	3.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACIA, JEFFERY	4.2 NAME	
STREET ADDRESS	2608 N POWERS DRIE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32818	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBENSTIEN, RICHARD	5.2 NAME	
STREET ADDRESS	1484 TUSCAWILLA RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	5.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, JOHN	6.2 NAME	Bernard Myers
STREET ADDRESS	500 STATE ROAD 50	6.3 STREET ADDRESS	5518 Central Florida Parkway
CITY-ST-ZIP	WINTER GARDEN FL	6.4 CITY-ST-ZIP	Orlando, FL 32821

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 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, with all other like empowered.

SIGNATURE: [Signature] 1/26/99 (407) 678-8387
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)