


02-21-2003 90170 021 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

90032229

DOCUMENT # 465363

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



Principal Place of Business
 195 CONCORD DRIVE
 CASSELBERRY, FL 32707

Mailing Address
 195 CONCORD DRIVE
 CASSELBERRY, FL 32707

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1565694** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
CANADA, CAROLYN
 195 CONCORD DRIVE
 CASSELBERRY, FL 32707

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Carolyn Canada Carolyn Canada Hospital Administrator 2/10/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!! FEE IS \$160.00
 After May 1, 2003 Fee will be \$550.00
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete	NAME PRIEHS, DANIEL STREET ADDRESS 9901 SOUTH US HWY 17-92 CITY-ST-ZIP MAITLAND, FL 32761	TITLE Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D <input checked="" type="checkbox"/> Delete	NAME HICKS, ROBERT STREET ADDRESS 2229 BOGGY CREEK ROAD CITY-ST-ZIP KISSIMEE, FL 34744	TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Marrinson, Richard 1080 W. Hwy 434 Longwood, FL 32750
TITLE VP <input type="checkbox"/> Delete	NAME HAWKINS, GENYE STREET ADDRESS 11266 SOUTH HWY. 441 CITY-ST-ZIP ORLANDO, FL 32837	TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D <input type="checkbox"/> Delete	NAME CANNON, RANDALL STREET ADDRESS 763 FAIRBANKS DR. CITY-ST-ZIP WINTER PARK, FL 32789	TITLE Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D <input type="checkbox"/> Delete	NAME WILLIAMS, PAUL STREET ADDRESS 1491 EAST STATE ROAD 434 CITY-ST-ZIP WINTER SPRINGS, FL 32708	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D <input checked="" type="checkbox"/> Delete	NAME MYERS, BERNARD STREET ADDRESS 6518 CENTRAL FL. PWY. CITY-ST-ZIP ORLANDO, FL 32821	TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	McAbee, Scott 4586 Palmetto Ave Winter Park, FL 32792

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 2/10/03 407-740-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)