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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

**DOCUMENT # F78362 (3)**  
1. Corporation Name  
**EMERGENCY VETERINARY CLINIC, INC.**

Principal Place of Business Mailing Address  
**11609 S CLEVELAND AVE 3640 DEL PRADO BLVD**  
**S24 CAPE CORAL FL 33904**  
**FT MYERS FL 33907 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/30/1982** 3a. Date of Last Report **02/14/1994**

4. FEI Number **59-2182817** Applied For  Not Applicable

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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent  
**PIPER, DOUGLAS S DVM**  
**14381 PALM BCH BLVD**  
**FT MYERS FL 33905**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **FL** B5 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 registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE **D**  
NAME **DOUGLAS, PAUL**  
STREET ADDRESS **1042 CYPRESS LAKE DRIVE**  
CITY - ST - ZIP **FT. MYERS FL**

TITLE **P**  
NAME **PIPER, DOUGLAS**  
STREET ADDRESS **14381 PALM BEACH BLVD SE**  
CITY - ST - ZIP **FT. MYERS FL**

TITLE **D**  
NAME **CORBIN, BRENDA**  
STREET ADDRESS **5734 STONE HAVEN DR**  
CITY - ST - ZIP **N FT MYERS FL**

TITLE **D**  
NAME **CARRIER, GARY**  
STREET ADDRESS **1112 SE 47 TERR**  
CITY - ST - ZIP **CAPE CORAL FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP


6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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)(b), 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:   
DOUGLAS PIPER

2-28-95 813-693-7387