

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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  
**11609 S CLEVELAND AVE  
S24  
FT MYERS FL 33907  
US**

Mailing Address  
**3640 DEL PRADO BLVD  
CAPE CORAL FL 33904  
US**

3. Date Incorporated or Qualified **04/30/1982** 3a. Date of Last Report **03/03/1995**

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

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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**PIPER, DOUGLAS S DVM  
14381 PALM BCH BLVD  
FT MYERS FL 33905**

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 \_\_\_\_\_ Date \_\_\_\_\_  
Signature typed or printed on separate page if a different page than the Report and Agent signature page when separating.

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DOUGLAS, PAUL</b>	
STREET ADDRESS	<b>1042 CYPRESS LAKE DRIVE</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>PIPER, DOUGLAS</b>	
STREET ADDRESS	<b>14381 PALM BEACH BLVD SE</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CORBIN, BRENDA</b>	
STREET ADDRESS	<b>5734 STONE HAVEN DR</b>	
CITY-ST-ZIP	<b>N FT MYERS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CARRIER, GARY</b>	
STREET ADDRESS	<b>1112 SE 47 TERR</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(k), 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**DOUGLAS S. PIPER, DVM**

**21 MAY '96**  
**941-693-7387**

CR2E034 (12/95)