

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90097 034 ***150.00

DOCUMENT # F78362

1. Entity Name

EMERGENCY VETERINARY CLINIC, INC.

Principal Place of Business

Mailing Address

11609 S CLEVELAND AVE
 S24
 FT MYERS FL 33907
 US

% PIPER'S RIVERDALE ANIMAL CLINIC
 14381 PALM BEACH BLVD. SE
 FT. MYERS FL 33905-2325
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2182817

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE Change Addition
 NAME **D DARRY GRIEBEL**
 STREET ADDRESS **16 S. HOMESTEAD RD.**
 CITY-ST-ZIP **LEHIGH ACRES, FL 33936**

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *DSP - DVM*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/00 941-693-7387
 Date Daytime Phone #

CR2E034 (9/99)