


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90273 034 ***150.00

DOCUMENT # F78362
 1. Entity Name
EMERGENCY VETERINARY CLINIC, INC.



Principal Place of Business: 11609 S CLEVELAND AVE S24 FT MYERS FL 33907 US
 Mailing Address: 920 COUNTRY CLUB BLVD CAPE CORAL FL 33990 US

04000011



MOORE CR2E034 (11/03)

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

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

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

6. Name and Address of Current Registered Agent
MCKELVIE, MILTON DVM
920 COUNTRY CLUB BLVD
CAPE CORAL FL 33990

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004, 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	
TITLE: P NAME: MCKELVIE, MILTON STREET ADDRESS: 920 COUNTRY CLUB BLVD CITY-ST-ZIP: CAPE CORAL FL 33990	<input type="checkbox"/> Delete
TITLE: P NAME: PIPER, DOUGLAS STREET ADDRESS: 14381 PALM BEACH BLVD SE CITY-ST-ZIP: FT. MYERS FL	<input type="checkbox"/> Delete
TITLE: D NAME: HURST, SUZANNE STREET ADDRESS: 715 CAPE CORAL PKWY CITY-ST-ZIP: CAPE CORAL FL 33914	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: CARRIER, GARY STREET ADDRESS: 1112 SE 47 TERR CITY-ST-ZIP: CAPE CORAL FL	<input type="checkbox"/> Delete
TITLE: D NAME: GRIEBEL, DARRY STREET ADDRESS: 16 S. HOMESTEAD RD CITY-ST-ZIP: LEHIGH ACRES FL 33936	<input type="checkbox"/> Delete
TITLE: D NAME: MILTON, MCKELVIE STREET ADDRESS: 920 COUNTRY CLUB CITY-ST-ZIP: CAPE CORAL FL 33990	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: O NAME: ANKENBANDT, JOHN STREET ADDRESS: 15880 SUMMERLIN RD #111 CITY-ST-ZIP: FT MYERS, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: P NAME: ANILAKR. SALCEDO STREET ADDRESS: 1711 SE 47TH TERR CITY-ST-ZIP: CAPE CORAL, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: CHARLES WHITTED STREET ADDRESS: 2919 5TH ST W CITY-ST-ZIP: LEHIGH ACRES, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Milton McKelvie Date: 4/23/04 Daytime Phone #: 239 574-6171