

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F78362

FILED
Apr 19, 2005
Secretary of State

Entity Name: EMERGENCY VETERINARY CLINIC, INC.

Current Principal Place of Business:

11609 S CLEVELAND AVE
S24
FT MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

920 COUNTRY CLUB BLVD
CAPE CORAL, FL 33990 US

New Mailing Address:

FEI Number: 59-2182817 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKELVIE, MILTON DVM
920 COUNTRY CLUB BLVD
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCKELVIE, MILTON
Address: 920 COUNTRY CLUB BLVD
City-St-Zip: CAPE CORAL, FL 33990

Title: P () Delete
Name: PIPER, DOUGLAS,
Address: 14381 PALM BEACH BLVD SE
City-St-Zip: FT. MYERS, FL

Title: D () Delete
Name: WHITFORD, CHARLES
Address: 2919 5TH ST W
City-St-Zip: LEHIGH ACRES, FL

Title: D () Delete
Name: CARRIER, GARY
Address: 1112 SE 47 TERR
City-St-Zip: CAPE CORAL, FL

Title: D (X) Delete
Name: GRIEBEL, DARRY
Address: 16 S. HOMESTEAD RD
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D (X) Delete
Name: MILTON, MCKELVIE
Address: 920 COUNTRY CLUB
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S-T (X) Change () Addition
Name: ANKENBRANDT, JOHN
Address: 15880 SUMMERLIN RD
City-St-Zip: FT. MYERS, FL

Title: VP (X) Change () Addition
Name: CARRIER, GARY
Address: 4715 VINCENNES BLVD
City-St-Zip: CAPE CORAL, F

Title: 2 ST (X) Change () Addition
Name: ANDAZOLA, KURT
Address: 9540 CYPRESS LAKE DR
City-St-Zip: FORT MYERS, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILTON MCKELVIE

P

04/19/2005

Electronic Signature of Signing Officer or Director

_____ Date