

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F78362

FILED
Apr 04, 2008
Secretary of State

Entity Name: EMERGENCY VETERINARY CLINIC, INC.

Current Principal Place of Business:

2045 COLLIER AVE
FORT MYERS, FL 33901 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: S-T () Delete
Name: ANKENBRANDT, JOHN
Address: 15880 SUMMERLIN RD
City-St-Zip: FT. MYERS, FL

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S-T (X) Change () Addition
Name: WILSON, JAMES
Address: 4400 CLEVELAND AVE
City-St-Zip: FT. 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 exemption stated in Chapter 119, 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

DVM

04/04/2008

Electronic Signature of Signing Officer or Director

_____ Date