

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F78362

FILED  
Mar 20, 2012  
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

**OFFICERS AND DIRECTORS:**

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

Title: S-T  
Name: WILSON, JAMES  
Address: 4400 CLEVELAND AVE  
City-St-Zip: FT. MYERS, FL

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

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

I hereby 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 all other like empowered.

SIGNATURE: MILTON MCKELVIE

PRES

03/20/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date