


02-12-2003 90116 027 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

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

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

3. Mailing Address
920 COUNTRY CLUB BLVD
 Suite, Apt. #, etc.

City & State
CAPE CORAL FL

4. FEI Number **59-2182817**

Applied For
 Not Applicable

Zip **33990** Country **USA**

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**PIPER, DOUGLAS S DVM
 14381 PALM BCH BLVD
 FT MYERS FL 33905**

7. Name and Address of New Registered Agent
 Name **MILTON MCKELVIE DVM**
 Street Address (P.O. Box Number is Not Acceptable)
920 COUNTRY CLUB BLVD
 City **CAPE CORAL FL** Zip Code **33990**

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 *[Signature]* **dvm** 2/4/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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 NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, PAUL <input checked="" type="checkbox"/> Delete 1042 CYPRESS LAKE DRIVE FT. MYERS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R D PIPER, DOUGLAS <input type="checkbox"/> Delete 14381 PALM BEACH BLVD SE FT. MYERS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRY, TERLER <input checked="" type="checkbox"/> Delete 11131 PALM BEACH BLVD SE FORT MYERS FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRIER, GARY <input type="checkbox"/> Delete 1112 SE 47 TERR CAPE CORAL FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIEBEL, DARRY <input type="checkbox"/> Delete 16 S. HOMESTEAD RD LEHIGH ACRES FL 33936
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILTON, MCKELVIE <input type="checkbox"/> Delete 920 COUNTRY CLUB CAPE CORAL FL 33990

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILTON MCKELVIE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 920 COUNTRY CLUB BLVD CAPE CORAL FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUZANNE HURST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 715 CAPE CORAL PKWY CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-KIRK ANDAZOLA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9540 CYPRESS LAKE D 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARLYNE SALCEDO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 715 CAPE CORAL PKWY CAPE CORAL, FL 33914
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: *[Signature]* **2/4/03** 239-939-5542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)