

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mornham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN -2 PM 8:32

DOCUMENT # **G50897** (9)

1. Corporation Name  
**EMERGENCY ANIMAL HOSPITAL, INC.**

Principal Place of Business Mailing Address  
**4625 ULMERTON RD CLEARWATER FL 34622 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/22/1983** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-2308069** Applied For  Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**FISCHER, CRAIG D DVM  
4625 ULMERTON RD  
CLEARWATER FL 34622**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

**12. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **WILKES, RICHARD P., DVM**  
STREET ADDRESS **4275 34TH ST S #21**  
CITY- ST- ZIP **ST PETERSBURG FL**

TITLE **ST**  
NAME **FISCHER, CRAIG A DVM**  
STREET ADDRESS **4625 ULMERTON RD**  
CITY- ST- ZIP **CLEARWATER FL**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1 1 TITLE  Change  Addition  
1 2 NAME  
1 3 STREET ADDRESS  
1 4 CITY- ST- ZIP

2 1 TITLE  Change  Addition  
2 2 NAME  
2 3 STREET ADDRESS  
2 4 CITY- ST- ZIP

3 1 TITLE  Change  Addition  
3 2 NAME  
3 3 STREET ADDRESS  
3 4 CITY- ST- ZIP

4 1 TITLE  Change  Addition  
4 2 NAME  
4 3 STREET ADDRESS  
4 4 CITY- ST- ZIP

5 1 TITLE  Change  Addition  
5 2 NAME  
5 3 STREET ADDRESS  
5 4 CITY- ST- ZIP

6 1 TITLE  Change  Addition  
6 2 NAME  
6 3 STREET ADDRESS  
6 4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

63-28-95 83-867-018  
Date Expiration Year