

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 FEB 27 AM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 465363 (0)

1. Corporation Name

**VETERINARY EMERGENCY CLINIC OF CENTRAL FLORIDA,
NC.**

Principal Place of Business

Mailing Address

**882 JACKSON STREET
WINTER PARK FL 32789**

**882 JACKSON STREET
WINTER PARK FL 32789**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/25/1974

3a. Date of Last Report

01/25/1994

4. FEI Number

59-1565604

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

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GEORGE, JACKIE
882 JACKSON AVENUE
WINTER PARK FL 32789**

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

Jackie George

Jackie George

2/21/95

(Signature typed or printed name of registered agent next to signature)

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME **DP DT**
SIMMONS, LELAND

STREET ADDRESS **8932 S APOPKA VINELAND RD**

CITY - ST - ZIP **ORLANDO FL**

TITLE **DV DP**

NAME **HALL, MARC**

STREET ADDRESS **733 S BLUFORD ROAD**

CITY - ST - ZIP **OCFEE FL**

TITLE **DV**

NAME **FINNELL, GLENN**

STREET ADDRESS **11265 SOUTH HIGHWAY 441**

CITY - ST - ZIP **ORLANDO FL**

TITLE **D**

NAME **ACKERMAN, WILLIAM**

STREET ADDRESS **2840 EAST HIGHWAY 192**

CITY - ST - ZIP **KISSIMEE FL**

TITLE **DS**

NAME **GRIFFITH, EDWARD**

STREET ADDRESS **2320 MARKINGHAM ROAD**

CITY - ST - ZIP **MAITLAND FL**

TITLE **DT D**

NAME **MEADOWS, JOHN W., DVM**

STREET ADDRESS **4080 JOHN YOUNG PKWY**

CITY - ST - ZIP **ORLANDO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **DT** ☒ Change ☐ Addition

12 NAME **Simmons, Leland**

13 STREET ADDRESS **8932 S. Apopka Vineland Rd.**

14 CITY - ST - ZIP **Orlando, FL**

21 TITLE **DP** ☒ Change ☐ Addition

22 NAME **Hall, Marc**

23 STREET ADDRESS **733 S. Bluford Road**

24 CITY - ST - ZIP **Ocoee, FL**

31 TITLE **DV** ☒ Change ☐ Addition

32 NAME **Finnell, Glenn**

33 STREET ADDRESS **11265 South Highway 441**

34 CITY - ST - ZIP **Orlando, FL**

41 TITLE **Same** ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE **Same** ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE **D** ☒ Change ☐ Addition

62 NAME **Miller, John**

63 STREET ADDRESS **500 State Road 50**

64 CITY - ST - ZIP **Winter Garden, FL**

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)(b), 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: *Marc A. Hall DVM* **MARC A. HALL DVM**

(Signature typed or printed name of signing officer or director)

Marc A. Hall

2/21/95 **4076566050**

Type

Signature Page 4