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Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **465363** (0)
1. Corporation Name
VETERINARY EMERGENCY CLINIC OF CENTRAL FLORIDA, INC.



Principal Place of Business Mailing Address
882 JACKSON STREET
WINTER PARK FL 32789

3. Date Incorporated or Qualified **11/25/1974** 3a. Date of Last Report **02/02/1996**
4. FEI Number **59-1565694** 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 28 Zip
24 Country 29 Country
25 Country 30 Country

9. Name and Address of Current Registered Agent
GEORGE, JACKIE
882 JACKSON AVENUE
WINTER PARK FL 32789

10. Name and Address of New Registered Agent
81 Name **Lee, Jackie**
82 Street Address (P.O. Box Number is Not Acceptable)
882 Jackson Avenue
83
84 City **Winter Park** FL 85 Zip Code **32789**

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 Lee* **JACKIE LEE** 1-15-97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE D ☒ DELETE
NAME **SIMMONS, LELAND**
STREET ADDRESS **8932 S APOPKA VINELAND RD**
CITY-ST-ZIP **ORLANDO FL**
TITLE D ☒ DELETE
NAME **HALL, MARC**
STREET ADDRESS **733 S BLUFORD ROAD**
CITY-ST-ZIP **OCFEE FL**
TITLE DP ☐ DELETE
NAME **FINNELL, GLENN**
STREET ADDRESS **11265 SOUTH HIGHWAY 441**
CITY-ST-ZIP **ORLANDO FL**
TITLE DV ☐ DELETE
NAME **ACKERMAN, WILLIAM**
STREET ADDRESS **2840 EAST HIGHWAY 192**
CITY-ST-ZIP **KISSIMMEE FL**
TITLE DS ☒ DELETE
NAME **GRIFFITH, EDWARD**
STREET ADDRESS **2320 MARKINGHAM ROAD**
CITY-ST-ZIP **MAITLAND FL**
TITLE DT ☐ DELETE
NAME **MILLER, JOHN**
STREET ADDRESS **500 STATE ROAD 50**
CITY-ST-ZIP **WINTER GARDEN FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME **Colbert, Timothy**
1.3 STREET ADDRESS **10640 E. Colonial Drive**
1.4 CITY-ST-ZIP **Orlando, FL 32817**
2.1 TITLE DS ☐ Change ☒ Addition
2.2 NAME **Hicks, Robert**
2.3 STREET ADDRESS **2229 Boggy Creek Road**
2.4 CITY-ST-ZIP **Kissimmee, FL 34744**
3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME **Finnell, Glenn**
3.3 STREET ADDRESS **11265 South Highway 441**
3.4 CITY-ST-ZIP **Orlando, FL 32837**
4.1 TITLE DP ☒ Change ☐ Addition
4.2 NAME **Ackerman, William**
4.3 STREET ADDRESS **2840 East Highway 192**
4.4 CITY-ST-ZIP **Kissimeme, FL 34744**
5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME **Rubinstein, Richard**
5.3 STREET ADDRESS **1484 Tusawilla Road**
5.4 CITY-ST-ZIP **Oviedo, FL 32765**
6.1 TITLE DV, DT ☒ Change ☐ Addition
6.2 NAME **Miller, John**
6.3 STREET ADDRESS **500 State Road 50**
6.4 CITY-ST-ZIP **Winter Garden, FL 32787**

14. I do 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 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: *John Miller* 1/16/97 4074564132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
0075206

CR2E034 (9/96)