

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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, I  
NC.

Principal Place of Business  
882 JACKSON STREET  
WINTER PARK FL 32789

Mailing Address  
882 JACKSON STREET  
WINTER PARK FL 32789



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/25/1974	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1565694	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LEE, JACKIE  
882 JACKSON AVENUE  
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name Canada, Carolyn  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 882 Jackson Ave  
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 Carolyn Canada Carolyn Canada Hospital Administrator 2/23/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	D COLBERT, TIMOTHY 10640 E COLONIAL DRIVE ORLANDO FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	DS HICKS, ROBERT 22229 BOGGY CREEK RD KISSIMMEE FL	2.1 TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input checked="" type="checkbox"/> DELETE	D FINNELL, GLENN 11265 SOUTH HIGHWAY 441 ORLANDO FL	2.2 NAME	
<input checked="" type="checkbox"/> DELETE	DP ACKERMAN, WILLIAM 2840 EAST HIGHWAY 192 KISSIMMEE FL	2.3 STREET ADDRESS	
<input type="checkbox"/> DELETE	D RUBENSTIEN, RICHARD 1484 TUSCAWILLA RD OVIEDO FL	2.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	DT MILLER, JOHN 500 STATE ROAD 50 WINTER GARDEN FL	3.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		3.2 NAME Vaughan, Joseph	
		3.3 STREET ADDRESS 2889 West Lake Mary Blvd.	
		3.4 CITY-ST-ZIP Lake Mary, FL 32746	
		4.1 TITLE Director - Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		4.2 NAME Bach, Jeffery	
		4.3 STREET ADDRESS 2608 N. Powers Drive	
		4.4 CITY-ST-ZIP Orlando, FL 32818	
		5.1 TITLE Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. 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 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 Smith President 2/10/98 407 656 4132

CR2E034 (10/97)