

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F78362

**Entity Name:** EMERGENCY VETERINARY CLINIC, INC.

**Current Principal Place of Business:**

2045 COLLIER AVE  
FORT MYERS, FL 33901

**Current Mailing Address:**

920 COUNTRY CLUB BLVD  
CAPE CORAL, FL 33990 US

**FEI Number:** 59-2182817

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCKELVIE, MILTON DVM  
920 COUNTRY CLUB BLVD  
CAPE CORAL, FL 33990 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MCKELVIE, MILTON  
Address 920 COUNTRY CLUB BLVD  
City-State-Zip: CAPE CORAL FL 33990

Title S-T  
Name WILSON, JAMES  
Address 4400 CLEVELAND AVE  
City-State-Zip: FT. MYERS FL

Title VP  
Name CARRIER, GARY  
Address 2045 COLLIER AVE  
City-State-Zip: FORT MYERS FL 33901

Title 2 ST  
Name ANDAZOLA, KURT  
Address 9540 CYPRESS LAKE DR  
City-State-Zip: FORT MYERS FL

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MILTON J MCKELVIE

**PRESIDENT**

**02/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date