FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 06, 2001 8:00 am Secretary of State **DOCUMENT # 465363** 1. Entity Name VETERINARY EMERGENCY CLINIC OF CENTRAL FLORIDA. 02-06-2001 90279 027 ***150.00 Principal Place of Business Mailing Address 882 JACKSON STREET 882 JACKSON STREET WINTER PARK FL 32789 WINTER PARK FL 32789 00014724 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1565694 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CANADA, CAROLYN Street Address (P.O. Box Number is Not Acceptable) 882 JACKSON AVE WINTER PARK FL 32789 Zip Code 8. 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. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE X Delete TITLE Priehs, Daniel NAME COLBERT, TIMOTHY 9901 South US Hwy 17-92 STREET ADDRESS 10640 E COLONIAL DRIVE STREET ADDRESS Maitland, FL 32751 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Delete TITLE 🛣 Addition Change Cannon, Randall NAME HICKS, ROBERT NAME 753 Fairbanks Dr. STREET ADDRESS STREET ADDRESS 2229 BOGGY CREEK ROAD CITY-ST-ZIP Winter Park, FL CITY-ST-ZIP 32789 KISSIMMEE FL 34744 TITLE ☐ Delete TITLE Director Change ☐ Addition NAME NAME HAWKINS, GENYE Hicks, Robert STREET ADDRESS STREET ADDRESS 11265 SOUTH HWY. 441 2229 Boggy Creek Road CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32837 <u>Kissimmee. FL 34744</u> Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME BACIA, JEFFERY STREET ADDRESS STREET ADDRESS 2608 N POWERS DRIE CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32818 Change TITLE ☐ Delete Ð TITLE ☐ Addition NAME RUBENSTIEN, RICHARD (spelling) NAME Rubinstein, Richard STREET ADDRESS STREET ADDRESS 1484 TUSCAWILLA RD CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL 32765 Change TITLE VP. ☐ Delete TITLE ☐ Addition President NAME MYERS, BERNARD NAME Myers, Bernard STREET ADDRESS STREET ADDRESS 5518 CENTRAL FL. PWY. 5518 Central FL Pkwy. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32821 FL 32821 Orlando. 13. 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 report or supplemental 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

IND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR