

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 465363

FILED
Mar 11, 2004
Secretary of State

Entity Name: VETERINARY EMERGENCY CLINIC OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

195 CONCORD DRIVE
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

195 CONCORD DRIVE
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 59-1565694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANADA, CAROLYN
195 CONCORD DRIVE
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PRIEHS, DANIEL
Address: 9901 SOUTH US HWY 17-92
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: MARRINSON, RICHARD
Address: 1080 W HWY 434
City-St-Zip: MALABAR, FL 32950

Title: P () Delete
Name: HAWKINS, GENYE
Address: 11265 SOUTH HWY. 441
City-St-Zip: ORLANDO, FL 32837

Title: VP () Delete
Name: CANNON, RANDALL
Address: 753 FAIRBANKS DR.
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: WILLIAMS, PAUL
Address: 1491 EAST STATE ROAD 434
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: MCABEE, SCOTT
Address: 4586 PALMETTO AVE
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HAYES, CHARLES M
Address: 195 CONCORD DR.
City-St-Zip: CASSELBERRY, FL 32707

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: RUBINSTEIN, RICHARD
Address: 1490 TUSCAWILLA ROAD
City-St-Zip: OVIEDO, FL 32765

Title: P (X) Change () Addition
Name: CANNON, RANDALL
Address: 753 FAIRBANKS DR.
City-St-Zip: WINTER PARK, FL 32789

Title: VP (X) Change () Addition
Name: WILLIAMS, PAUL
Address: 1491 EAST STATE ROAD 434
City-St-Zip: WINTER SPRINGS, FL 32708

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: RANDALL CANNON, DVM

PRES

03/11/2004

Electronic Signature of Signing Officer or Director

Date