


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2007 8:00 am
Secretary of State

06-18-2007 90001 012 ***150.00

DOCUMENT # 465363 1. Entity Name VETERINARY EMERGENCY CLINIC OF CENTRAL FLORIDA, INC.	
---	---

Principal Place of Business 195 CONCORD DRIVE CASSELBERRY, FL 32707	Mailing Address 195 CONCORD DRIVE CASSELBERRY, FL 32707
---	---

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40120000

06092007 Chg-P CR2E034 (12/06)

4. FEI Number 59-1565694	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CANADA, CAROLYN 195 CONCORD DRIVE CASSELBERRY, FL 32707	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Carolyn Canada DATE: 6/9/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES, CHARLES M 195 CONCORD DR. CASSELBERRY, FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARRINSON, RICHARD 1080 W HWY 434 MALABAR, FL 32950 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard Thompson, DVM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 418 E. Alfred Street Tavares, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBINSTEIN, RICHARD 1490 TUSCAWILLA ROAD OVIEDO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIEHS, DANIEL 9901 SOUTH US HWY 17-92 MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCABEE, SCOTT 4586 PALMETTO AVE WINTER PARK, FL 32792 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Williams, D. Paul <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 383 Vista Willa Dr. Winter Springs, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. Michael Huer DATE: 6/14/07 DAYTIME PHONE #: 407740-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR