

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 465363

FILED
Jan 23, 2008
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: HAYES, CHARLES M
Address: 195 CONCORD DR.
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: THOMPSON, RICHARD
Address: 418 E ALFRED ST
City-St-Zip: TAVARES, FL 32778

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

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

Title: D () Delete
Name: WILLIAMS, PAUL D
Address: 383 VISTA WILLA DR
City-St-Zip: WINTER SPRINGS, FL 32708

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: MARRINSON, RICHARD L
Address: 1080 W. HWY 434
City-St-Zip: LONGWOOD, FL 32750

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

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

Title: D () Change (X) Addition
Name: HICKS, ROBERT E
Address: 2229 BOGGY CREEK ROAD
City-St-Zip: KISSIMMEE, FL 34744

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DOUGLAS PAUL WILLIAMS

D

01/23/2008

Electronic Signature of Signing Officer or Director

Date