2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 465363

FILED Jan 29, 2009 Secretary of State

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

Current Principal Place of Business:		New Principal Place of Business:	
195 CONCORD DRIVE CASSELBERRY, FL 32707			
Current Mailing Address:		New Mailing Address:	
195 CONCORD DRIVE CASSELBERRY, FL 32707			
FEI Number: 59-1565694 FEI Number Applied For () FEI Number No			icable () Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			
CANADA, CAROLYN 195 CONCORD DRIVE CASSELBERRY, FL 32707 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
Election Campaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete NADLER, JON 195 CONCORD DR. CASSELBERRY, FL 32707	Title: Name: Address: City-St-Zip:	()Change()Addition
Title: Name: Address: City-St-Zip:	D () Delete THOMPSON, RICHARD 418 E ALFRED ST TAVARES, FL 32778	Title: Name: Address: City-St-Zip:	SECR (X) Change () Addition THOMPSON, RICHARD 418 E ALFRED ST TAVARES, FL 32778
Title: Name: Address: City-St-Zip:	D () Delete MARRINSON, RICHARD L 1080 W. HWY 434 LONGWOOD, FL 32750	Title: Name: Address: City-St-Zip:	TREA (X) Change () Addition MARRINSON, RICHARD L 1080 W. HWY 434 LONGWOOD, FL 32750
Title: Name: Address: City-St-Zip:	D () Delete PRIEHS, DANIEL 9901 SOUTH US HWY 17-92 MAITLAND, FL 32751	Title: Name: Address: City-St-Zip:	D (X) Change () Addition MCABEE, SCOTT DVM 4586 PALMETTO AVE WINTER PARK, FL 32792
Title: Name: Address: City-St-Zip:	D () Delete WILLIAMS, PAUL D 383 VISTA WILLA DR WINTER SPRINGS, FL 32708	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition WILLIAMS, PAUL D 383 VISTA WILLA DR WINTER SPRINGS, FL 32708
Title: Name: Address: City-St-Zip:	D () Delete HICKS, ROBERT E 2229 BOGGY CREEK ROAD KISSIMMEE, FL 34744	Title: Name: Address: City-St-Zip:	P (X) Change () Addition HICKS, ROBERT E 2229 BOGGY CREEK ROAD 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: D. PAUL WILLIAMS, DVM VP 01/29/2009