FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90170 021 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 465363

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

90032229

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1565694 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CANADA, CAROLYN 195 CONCORD DRIVE CASSELBERRY, FL 32707	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 — Carolyn Canada Hospital Administrator — DATE: 2/10/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $160.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	Director ☒ Change ☐ Addition
NAME	PRIEHS, DANIEL	NAME	
STREET ADDRESS	9901 SOUTH US HWY 17-92	STREET ADDRESS	
CITY-ST-ZIP	MAITLAND, FL 32751	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	Director ☐ Change ☒ Addition
NAME	HICKS, ROBERT	NAME	Marrinson, Richard
STREET ADDRESS	2229 BOGGY CREEK ROAD	STREET ADDRESS	1080 W. Hwy 434
CITY-ST-ZIP	KISSIMMEE, FL 34744	CITY-ST-ZIP	Longwood, FL 32750
TITLE	VP ☐ Delete	TITLE	President ☒ Change ☐ Addition
NAME	HAWKINS, GENYE	NAME	
STREET ADDRESS	11265 SOUTH HWY. 441	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32837	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	Vice-President ☒ Change ☐ Addition
NAME	CANNON, RANDALL	NAME	
STREET ADDRESS	763 FAIRBANKS DR.	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 32789	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, PAUL	NAME	
STREET ADDRESS	1491 EAST STATE ROAD 434	STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	Director ☐ Change ☒ Addition
NAME	MYERS, BERNARD	NAME	McAbee, Scott
STREET ADDRESS	5518 CENTRAL FL. PWY.	STREET ADDRESS	4586 Palmetto Ave
CITY-ST-ZIP	ORLANDO, FL 32821	CITY-ST-ZIP	Winter Park, FL 32792

CR2E034 (10/02)

12. 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 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: [signature], Dir — Date: 2/10/03 — Daytime Phone # 407-740-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR