

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04566

FILED  
Apr 11, 2008  
Secretary of State

Entity Name: PET EMERGENCY CENTER, INC.

**Current Principal Place of Business:**

1513 NE 18TH STREET  
FORT LAUDERDALE, FL 33305

**New Principal Place of Business:**

**Current Mailing Address:**

1513 NE 18TH STREET  
FORT LAUDERDALE, FL 33305

**New Mailing Address:**

FEI Number: 59-2037709

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUCKLEY, GLENN  
1513 NE 18 STREET  
FORT LAUDERDALE, FL 33305 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: P ( ) Delete  
Name: BUCKLEY, GLENN  
Address: 1513 NE 18TH STREET  
City-St-Zip: FT. LAUDERDALE, FL 33305

Title: VP ( ) Delete  
Name: KIRK, LOUISE ANN  
Address: 1513 NE 18TH ST  
City-St-Zip: FORT LAUDERDALE, FL 33305

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: LOUISE ANN KIRK

VP

04/11/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date