

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F78362

FILED
Apr 13, 2010
Secretary of State

Entity Name: EMERGENCY VETERINARY CLINIC, INC.

Current Principal Place of Business:

2045 COLLIER AVE
FORT MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

920 COUNTRY CLUB BLVD
CAPE CORAL, FL 33990 US

New Mailing Address:

FEI Number: 59-2182817 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MCKELVIE, MILTON DVM
920 COUNTRY CLUB BLVD
CAPE CORAL, FL 33990 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
Name: MCKELVIE, MILTON
Address: 920 COUNTRY CLUB BLVD
City-St-Zip: CAPE CORAL, FL 33990

Title: S-T
Name: WILSON, JAMES
Address: 4400 CLEVELAND AVE
City-St-Zip: FT. MYERS, FL

Title: VP
Name: CARRIER, GARY
Address: 4715 VINCENNES BLVD
City-St-Zip: CAPE CORAL, F

Title: 2 ST
Name: ANDAZOLA, KURT
Address: 9540 CYPRESS LAKE DR
City-St-Zip: FORT MYERS, FL

I hereby 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 all other like empowered.

SIGNATURE: CATHY DIEHL

BK

04/13/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date