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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90026 047 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98833

1. Corporation Name

PENSACOLA VETERINARY EMERGENCY HOSPITAL, INC.

Principal Place of Business

**3998 N. PALAFOX ST.
PENSACOLA FL 32505**

Mailing Address

**3998 N. PALAFOX ST.
PENSACOLA FL 32505**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1982

4. FEI Number

59-2223052

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional -
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JEANNE STEWART, D.V.M.
3998 N. PALAFOX STREET
10229 CHEMSTRAND ROAD
PENSACOLA FL 32534**

81 Name

Wallace R. Belcher, DVM

82 Street Address (P.O. Box Number is Not Acceptable)

711 N. Fairfield Drive

83

84 City

Pensacola

FL

85 Zip Code

32506

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Wallace R. Belcher*
Signature, typed or printed name of registered agent and title if applicable.

Wallace R. Belcher, Registered Agent, 1/30/99
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE

NAME **STEWART, JEANNE DVM**
STREET ADDRESS **10229 CHEMSTRAND ROAD**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **V** ☒ DELETE

NAME **KRASLSKY, CHARLES**
STREET ADDRESS **2605 OLIVE ROAD**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **ST** ☒ DELETE

NAME **HILLMAN, DWIGHT DVM**
STREET ADDRESS **2125 N. PALAFOX ST.**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **D** ☒ ADDITION ☒ DELETE

NAME **Michael Mongue, DVM**
STREET ADDRESS **4580 Chumuckla Highway**
CITY-ST-ZIP **Pace, FL 32571**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **PD** ☐ Change ☒ Addition

1.2 NAME **Wallace R. Belcher, DVM**
1.3 STREET ADDRESS **711 N. Fairfield Drive**
1.4 CITY-ST-ZIP **Pensacola, FL 32506**

2.1 TITLE **VPD** ☐ Change ☒ Addition

2.2 NAME **Charles Kraselsky, DVM**
2.3 STREET ADDRESS **2605 Olive Road**
2.4 CITY-ST-ZIP **Pensacola, FL 32514**

3.1 TITLE **ST** ☐ Change ☒ Addition

3.2 NAME **Jeanne Stewart, DVM**
3.3 STREET ADDRESS **10229 Chemstrand Road**
3.4 CITY-ST-ZIP **Pensacola, FL 32514**

4.1 TITLE **D** ☐ Change ☒ Addition

4.2 NAME **Dwight Hillman, DVM**
4.3 STREET ADDRESS **2125 N. Palafox Street**
4.4 CITY-ST-ZIP **Pensacola, FL 32505**

5.1 TITLE **D** ☐ Change ☒ Addition

5.2 NAME **Michael K. Morgan, DVM**
5.3 STREET ADDRESS **2433 E. Langley Avenue**
5.4 CITY-ST-ZIP **Pensacola, FL 32504**

6.1 TITLE **D** ☐ Change ☒ Addition

6.2 NAME **J. Leon Flowers, DVM**
6.3 STREET ADDRESS **5101 N. Palafox Street**
6.4 CITY-ST-ZIP **Pensacola, FL 32505**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Wallace R. Belcher*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99

Date

850-453-3463

Daytime Phone #

CR2E034 (11/98)