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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90152 026 \*\*\*150.00

DOCUMENT # K00771

1. Corporation Name

ANIMAL EMERGENCY CLINIC OF CENTRAL BREVARD, INC.

Principal Place of Business  
1295 SOUTH U.S. 1  
ROCKLEDGE FL 32955

Mailing Address  
1295 SOUTH U.S. 1  
ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1987

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SISSERSON, THOMAS  
230 FARTENBERRY RD  
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent

81 Name

Guy Maxwell

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

2665 N. Courtenay Pkwy.

83

84 City

Merritt Island

FL

85 Zip Code

32953

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

Guy Maxwell DVM

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-99

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SISSERSON, THOMAS	
STREET ADDRESS	230 FARTENBERRY RD	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MAXWELL, GUY	
STREET ADDRESS	2665 N. COURTENAY PKWY	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	TS	<input checked="" type="checkbox"/> DELETE
NAME	GEORGE, RICHARD	
STREET ADDRESS	230 FORTENBERRY RD.	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Greg Shinn
1.3 STREET ADDRESS	1934 S. Fiske Blvd.
1.4 CITY-ST-ZIP	Rockledge, FL 32955
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	John Eden
3.3 STREET ADDRESS	329 N. Cocoa Blvd.
3.4 CITY-ST-ZIP	Cocoa, FL 32922
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

Guy Maxwell DVM REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99

Date

407-452-3647

Daytime Phone #

CR2E034 (11/98)

0120372