## FILE NOW: FILING FEE IS \$61.25 200 ...

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1996

N13684

(8)

ANIMAL EMERGENCY CLINIC, INC.

Principa:	Place	of	Business	

**SIGNATURE:** 

Mailing Address

% MICHAEL S. EDENFIELD, ESQUIRE

% MICHAEL S. EDEMEIELD, ESCUIRE



Daytime Phone #

757 BRANDO BRANDON F	DN BLVD. W. L 33511	757 BRANDON BLYD. W. BRANDON FL 33511	). EQUUIRE					
				3. Date Incorporated or Qualified 03/04/1986	3a. Date of Last Report 07/20/1995			
<b>⊢</b> ¬ '	Place of Business	2a. Mailing Address		4. FEI Number	Applied For			
21 Anima	al Emergency Clinic	26 Animal Emerg	ency Clinic	59-2697210	Not Applicable			
	W. Brandon Blvd.	Suite, Apt. #, etc. 27 757 W. Brand	_	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat		City & State		6. Election Campaign Financing	\$5.00 May Be			
	don, FL	28 Brandon, FL		Trust Fund Contribution	Added to Fees			
Zip 24 22511	Country	Zip	Country	8. This corporation has liability for in				
<sup>24 </sup> 33511	25 USA 9. Name and Address of Current	29   33511   3	O USA		Yes No			
· · · · · · · · · · · · · · · · · · ·		TO GIOLOTO O MOTILE	81 Name	10. Name and Address of New Re	gistered Agent			
EDENER	ELD, MICHAEL S.		- Hame					
206 MA			82 Street A	82 Street Address (P.O. Box Number is Not Acceptable)				
	ON FL 33511		83					
0,0,0			[5]					
			84 City		85 Zip Code			
11. Pursuant	to the provisions of Sections 617 0502	and 617 1509. Florida Stalutes	the above accorded	poration submits this statement for the purpo	FL 18 Zip Code			
			oy the corporation's b	poration submits this statement for the purpo loard of directors. I hereby accept the appoin	ose of changing its registered office of the name of t			
	ith, and accept the obligations of, Section	n 617.0503, Florida Statutes.		то предпасти	inneric de regiotered agent. Fam			
SIGNATURE	Signature, typed or printed name of registered agent at	of the flavolents with a						
¶2.	OFFICERS AND	·	Registered Agent signature req		DATE			
TITLE	PT	DELETE	11 TITLE	ADDITIONS/CHANGES TO OFFIC				
NAME	ENCINOSA, ROBERT		12 NAME		Change Addition			
STREET ADDRESS	9842 US HWY 301 S.		13 STREET ADDRESS					
CITY-ST-ZIP	RIVERVIEW FL 33569		1					
TITLE	VPST	DELETE	1.4 CITY-ST-ZIP 2.1 TIFLE		Change Addition			
NAME	Franks, Kerry	_	2 2 NAME		Change Abullion			
STREET ADDRESS	121 W. WINDHORST		2.3 STREET ADDRESS					
CITY-ST-ZIP	BRANDON FL 33510		2 4 CITY - ST - ZIP					
TITLE	D	DELETE	3 1 TITLE		Change Addition			
NAME	DUNNING, CLARENCE		3.2 NAME		C Sharge C Addition			
STREET ADDRESS	425 W. ROBERTSON ST.		3 3 STREET ADDRESS					
CITY-ST-ZIP	BRANDON FL 33511		3.4 CITY-SI-ZIP					
TITLE	D	DELETE	4.1 TITLE		Change Addition			
NAME	RICKER, STAN		4. 2 NAME		C viange C Addition			
STREET ADDRESS	1989 LUMSDEN RD.		43 STREET ADDRESS					
CITY-ST-ZIP	BRANDON FL 33511		4 4 CITY - ST - ZIP					
TITLE		DELETE	51 TITLE		☐ Change ☐ Addition			
NAME			5 2 NAME	80000183	1298			
STREET ADDRESS			5 3 STREET ADDRESS	-05/21/960103	;2004			
CITY-ST-ZIP			5 4 CITY-ST-ZIP	***61.2S				
TITLE		DELETE	6 1 TITLE		Change			
NAME		İ	6.2 NAME		$\sim Q$			
STREET ADDRESS			6 3 STREET ADDRESS		Q (C)			
CITY-ST-ZIF			6.4.CITY-S1-2IP		5-20-4A			
14. I do hereb	y certify that the information supplied wit	h this filing is voluntarily furnishe	d and does not a self	y for the exemption stated in Section 119.07	(3)(k), Florida Statutes. I further			
oath; that		tion or the receiver or trustee em		y for the exemption stated in Section 119.07 rrate and that my signature shall have the sa this report as required by Chapter 617, Floric				