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Jun 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Murtham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # *013684*
 1. Corporation Name
ANIMAL EMERGENCY CLINIC, INC.

Principal Place of Business: **757 W. Brandon Blvd. Brandon, FL 33511**
 Mailing Address: **757 W. Brandon Blvd. Brandon, FL 33511**

3. Date Incorporated or Qualified: **03/04/1986**
 4. FEI Number: **59-2697210**
 Applied For: Not Applicable

2. Principal Place of Business: **ANIMAL EMERGENCY CLINIC, INC.**
 Suite, Apt. #, etc.: **757 W. Brandon Blvd.**
 City & State: **Brandon, FL**
 Zip: **33511** Country: **USA**

2a. Mailing Address: **ANIMAL EMERGENCY CLINIC, INC.**
 Suite, Apt. #, etc.: **757 W. Brandon Blvd.**
 City & State: **Brandon, FL**
 Zip: **33511** Country: **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
Edenfield, Michael S.
206 Mason Street
Brandon, FL 33511

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0501 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Norman Busciglio	
STREET ADDRESS	757 W. Brandon Boulevard	
CITY-ST-ZIP	Brandon, FL 33511	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Kerry Jackson	
STREET ADDRESS	757 W. Brandon Boulevard	
CITY-ST-ZIP	Brandon, FL 33511	
TITLE	R.A. Santa Cruz	<input type="checkbox"/> DELETE
NAME	757 W. Brandon Blvd.	
STREET ADDRESS	Brandon, Fla. 33511	
CITY-ST-ZIP	Secretary/Treasurer	<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	

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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attachment with an address.

SIGNATURE: *Norm Busciglio* **6/1/98** **513-CPS-7751**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)