

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P00000109320

**FILED**  
**Sep 20, 2010**  
**Secretary of State**

**Entity Name:** EAST WEST VETERINARY CARE CENTER, INC.

**Current Principal Place of Business:**

3523 DEL PRADO BLVD S  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

1320 OAKLAWN CT  
FORT MYERS, FL 33919 US

**Current Mailing Address:**

3523 DEL PRADO BLVD S  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

1320 OAKLAWN CT  
FORT MYERS, FL 33919 US

**FEI Number:** 65-1056930

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MCVETY, TERRI L  
3523 DEL PRADO BLVD. S.  
CAPE CORAL, FL 33904 US

**Name and Address of New Registered Agent:**

MCVETY, TERRI L  
1320 OAKLAWN CT  
FORT MYERS, FL 33919 US

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: DR TERRI L MCVETY

09/20/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: MCVETY, TERRI LYNN  
Address: 1320 OAKLAWN CT  
City-St-Zip: FORT MYERS, FL 33919 US

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: DR TERRI L MCVETY

CEO

09/20/2010

Electronic Signature of Signing Officer or Director

Date