


**-2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000046464</b>	
1. Entity Name <b>VETERINARY EMERGENCY CARE, INC.</b>	

Principal Place of Business <b>3609 U.S. HIGHWAY 98 S LAKELAND, FL 33803</b>	Mailing Address <b>3609 U.S. HIGHWAY 98 S LAKELAND, FL 33803</b>
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04252007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>30-0081854</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>HIGHTOWER, DORSEY G 3609 U.S. HIGHWAY 98 S LAKELAND, FL 33803</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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8. 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. I am familiar with, and accept the obligations of registered agent

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIGHTOWER, DORSEY G 3609 U.S. HIGHWAY 98 S LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARDNER, WADE G 5711 LAKELAND HIGHLANDS ROAD LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRUM, BETTY 965 DE LA BOSQUE AVENUE BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAFT, GEORGE E 4706 KIMBALL COURT W LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, WILLIAM F 2131 REANEY ROAD LAKELAND, FL 338032350
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/22/07-80075-022 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #