2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P02000046464

Entity Name: VETERINARY EMERGENCY CARE, INC.

Current Principal Place of Business:

3609 U.S. HIGHWAY 98 S
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

3609 U.S. HIGHWAY 98 S
LAKELAND, FL 33803

New Mailing Address:

5711 LAKELAND HIGHLANDS ROAD
LAKELAND, FL 33813

FEI Number: 30-0081854 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HIGHTOWER, DORSEY G
3609 U.S. HIGHWAY 98 S
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	HIGHTOWER, DORSEY G	
Address:	3609 U.S. HIGHWAY 98 S	
City-St-Zip:	LAKELAND, FL 33803	
Title:	TD	( ) Delete
Name:	GARDNER, WADE G	
Address:	5711 LAKELAND HIGHLANDS ROAD	
City-St-Zip:	LAKELAND, FL 33813	
Title:	SD	( ) Delete
Name:	CRUM, BETTY	
Address:	965 DE LA BOSQUE AVENUE	
City-St-Zip:	BARTOW, FL 33830	
Title:	D	( ) Delete
Name:	KRAFT, GEORGE E	
Address:	4706 KIMBALL COURT W	
City-St-Zip:	LAKELAND, FL 33813	
Title:	D	( ) Delete
Name:	JACKSON, WILLIAM F	
Address:	2131 REANEY ROAD	
City-St-Zip:	LAKELAND, FL 338032350	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WADE G GARDNER TREA 04/29/2009

Electronic Signature of Signing Officer or Director — Date