2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2008
Secretary of State

DOCUMENT# P95000072060

Entity Name: EMERGENCY VETERINARY CLINIC-OKALOOSA WALTON, INC.

Current Principal Place of Business:

212 GOVERNMENT STREET
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

212 GOVERNMENT STREET
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 59-3350569 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WAITS,JEFF A.
1101 E. JOHN SIMS PKWY.
NICEVILLE, FL 32578 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: D ( ) Delete
Name: WAITE, JEFF A
Address: 1101 E. JOHN SIMS PKWY.
City-St-Zip: NICEVILLE, FL 32578

Title: D ( ) Delete
Name: BRECHIN, JAMES
Address: 247 MAIN
City-St-Zip: DESTIN, FL 32540

Title: D ( ) Delete
Name: MCCLELLAN, JAMES M
Address: 18 N.E. RACETRACK ROAD
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D ( ) Delete
Name: WORTH, TERRY
Address: 821 PEARL ST.
City-St-Zip: CRESTVIEW, FL 32536

Title: D ( ) Delete
Name: BRIGHTMAN, ANDREW J
Address: 60 2ND ST., UNIT 307
City-St-Zip: SHALIMAR, FL 32579

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: BRECHIN, JAMES
Address: 4003 COMMONS DR. W
City-St-Zip: DESTIN, FL 32541

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

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

Title: D (X) Change ( ) Addition
Name: BARRY, PATRICK
Address: 29 S SHORE DR.
City-St-Zip: DESTIN, FL 32541

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: MARGARET MILLER M 01/04/2008

Electronic Signature of Signing Officer or Director — Date