**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $150 (IF MAILED LATE, ADDITIONAL AMOUNT DUE TO REINSTATE: $250)**

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 13 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 715072 (5)

1. Corporation Name
NORTHWEST FLORIDA VETERINARY MEDICAL SOCIETY, INC.

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| CORDOVA ANIMAL MEDICAL CENTER<br>2433 E. LANGLEY AVE<br>PENSACOLA FL 32504 | CORDOVA ANIMAL MEDICAL CENTER<br>2433 E. LANGLEY AVE<br>PENSACOLA FL 32504 |

3. Date Incorporated or Qualified: 06/07/1968
3a. Date of Last Report: 11/28/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

9. Name and Address of Current Registered Agent

MORGAN, MICHAEL K
2433 E. LANGLEY AVE
PENSACOLA FL 32504

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 617.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | P | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MORGAN, MICHAEL | 1.2 NAME | | |
| STREET ADDRESS | 2433 LANGLEY AVE. | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PENSACOLA FL 32504 | 1.4 CITY-ST-ZIP | | |
| TITLE | ST | 2.1 TITLE | ST | ☒ Change ☐ Addition |
| NAME | ~~MONGUE, MICHAEL~~ | 2.2 NAME | Cheryl Shelton | |
| STREET ADDRESS | ~~4580 CHUMUCKLA HWY.~~ | 2.3 STREET ADDRESS | 2727 Gulf Breeze Pkwy | |
| CITY-ST-ZIP | ~~PACE FL 32571~~ | 2.4 CITY-ST-ZIP | Gulf Breeze, Fl 32561 | |
| TITLE | D | 3.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | ~~WINDLEY, MIKE~~ | 3.2 NAME | Morgan, Michael | |
| STREET ADDRESS | ~~6450 HWY 29 N~~ | 3.3 STREET ADDRESS | 2433 E Langley Ave | |
| CITY-ST-ZIP | ~~CANTONMENT FL~~ | 3.4 CITY-ST-ZIP | Pensacola, Fl 32504 | |
| TITLE | D | 4.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | ~~HILLMAN, DWIGHT~~ | 4.2 NAME | Shelton, Cheryl | |
| STREET ADDRESS | ~~2125 N PALAFOX~~ | 4.3 STREET ADDRESS | 2727 Gulf Breeze Pkwy | |
| CITY-ST-ZIP | ~~PENSACOLA FL~~ | 4.4 CITY-ST-ZIP | Gulf Breeze, Fl 32561 | |
| TITLE | D | 5.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | ~~KNIGHT, AMY~~ | 5.2 NAME | Summerlin, David | |
| STREET ADDRESS | ~~550 W NINE MILE RD~~ | 5.3 STREET ADDRESS | 4487 Highway 90 | |
| CITY-ST-ZIP | ~~PENSACOLA FL~~ | 5.4 CITY-ST-ZIP | Milton, Fl | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | |

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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, or on an attachment with an address.

SIGNATURE: Michael K Morgan 7/11/95 904-475-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011X09