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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **715072** **(5)**

1. Corporation Name

NORTHWEST FLORIDA VETERINARY MEDICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
CORDOVA ANIMAL MEDICAL CENTER 2433 E. LANGLEY AVE PENSACOLA FL 32504	CORDOVA ANIMAL MEDICAL CENTER 2433 E. LANGLEY AVE PENSACOLA FL 32504

3. Date Incorporated or Qualified: 08/07/1968

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 Gulf Breeze Animal Hospital	26 Gulf Breeze Animal Hospital
22 Suite, Apt. #, etc. 2727 Gulf Breeze Parkway	27 Suite, Apt. #, etc. 2727 Gulf Breeze Parkway
23 City & State Gulf Breeze, FL	28 City & State Gulf Breeze FL
24 Zip 32561 25 Country Santa Rosa	29 Zip 32561 30 Country Santa Rosa

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: R. Michael Peak
82 Street Address (P.O. Box Number is Not Acceptable): 2727 Gulf Breeze Pkwy
83: c/o Gulf Breeze Animal Hospital
84 City: Gulf Breeze **FL** 85 Zip Code: 32561

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: R. Michael Peak 3/5/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☒ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	BELCHER, WALLACE		1.2 NAME	BELCHER, WALLACE	TITLE
STREET ADDRESS	711 N FAIRFIELD DR		1.3 STREET ADDRESS	711 N FAIRFIELD DR.	
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP	PENSACOLA, FL	
TITLE	P	☒ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	SHELTON, CHERYL		2.2 NAME	SHELTON, CHERYL	TITLE
STREET ADDRESS	2727 GULF BREEZE PKWY.		2.3 STREET ADDRESS	2727 GULF BREEZE PKWY	
CITY-ST-ZIP	GULF BREEZE FL		2.4 CITY-ST-ZIP	GULF BREEZE, FL	
TITLE	D	☒ DELETE	3.1 TITLE	P	☒ Change ☐ Addition
NAME	ESCURIEX, HENRY should be HENRI		3.2 NAME	ESCURIEX, HENRI	TITLE
STREET ADDRESS	2727 GULF BREEZE PKWY		3.3 STREET ADDRESS	2727 GULF BREEZE PKWY	
CITY-ST-ZIP	GULF BREEZE FL		3.4 CITY-ST-ZIP	GULF BREEZE, FL	
TITLE	D	☐ DELETE	4.1 TITLE	VP	☐ Change ☒ Addition
NAME	WINDLEY, MIKE		4.2 NAME	HENRY, VIC	
STREET ADDRESS	470 HWY 29		4.3 STREET ADDRESS	3800 CREIGHTON RD	
CITY-ST-ZIP	PENSACOLA FL		4.4 CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	ST	☒ DELETE	5.1 TITLE	ST	☐ Change ☒ Addition
NAME	SUMMERLIN, DAVID		5.2 NAME	PEAK, MICHAEL	
STREET ADDRESS	4487 HIGHWAY 90		5.3 STREET ADDRESS	2727 GULF BREEZE PKWY	
CITY-ST-ZIP	PACE FL		5.4 CITY-ST-ZIP	GULF BREEZE, FL	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	GOSSMAN, TIM		6.2 NAME	HODSON, MARY ELLEN	
STREET ADDRESS	5001 N 12TH AVE		6.3 STREET ADDRESS	402 BEVERLY PKWY	
CITY-ST-ZIP	PENSACOLA FL		6.4 CITY-ST-ZIP	PENSACOLA, FL 32505	

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing 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: R. Michael Peak R. Michael Peak 3/5/98 932-6116