2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2003 8:00 am
Secretary of State
07-24-2003 90112 041 ****61.25

000287?

DOCUMENT # 715072

1. Entity Name

NORTHWEST FLORIDA VETERINARY MEDICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
CHEMSTRAND OAKS VET. HOSPITAL 10229 CHEMSTRAND RD PENSACOLA FL 32534 US	CHEMSTRAND OAKS VET. HOSPITAL 10229 CHEMSTRAND RD PENSACOLA FL 32534 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
East Hill Animal Hospital	1010 N 12th Ave
Suite, Apt. #, etc.: Suite 128	Suite, Apt. #, etc.: (same)
City & State: Pensacola FL	City & State:
Zip: 32501 Country: USA	Zip: Country:

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BERBERICH, NORMA 3469 NICHOLSON EST RD MILTON FL 32571	Name: Hall, Laura Street Address (P.O. Box Number is Not Acceptable): 204 Azalea St. City: Gulf Breeze FL Zip Code: 32561

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: Laura T. Hall DUMPA — Laura T. Hall DUMPA — 7/14/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 10, 2003, min will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FAIR, BEVERLY 4102 GULF BREEZE PKWY GULF BREEZE FL 32561	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Georgina L. Glenn 711 N. Fairfield Drive Pensacola, FL 32526	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST D'AMBRA, SHARON 10229 CHEMSTRAND RD PENSACOLA FL 32534	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST Hall, Laura 1010 N 12th Ave St. 128 Pensacola FL 32501	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEWART, JEANNE 10229 CHEMSTRAND RD PENSACOLA FL 32534	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SUMMERLIN, DAVID 4487 HWY 90 PACE FL 32571	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BERBERICH, NORMA 3469 NICHOLSON EAST RD MILTON FL 32571	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WINDLY, MICHAEL 470 S HWY 29 CANTONMENT FL 32533	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (4/03)

12. 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 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 617, 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: Laura T. Hall DUMPA — 7/14/03 — (850) 437-9932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RECEIVED