FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED
FILED
95 MAY 19 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 716946 (9)

1. Corporation Name

JACKSONVILLE VETERINARY MEDICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
4485 HWY 17 ORANGE PARK FL 32073	4485 HWY 17 ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/06/1969
3a. Date of Last Report: 05/01/1994
4. FEI Number: 23-7432779 ☐ 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 ☑ — $68.75 Supplemental Fee Not Required
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
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

O'DONNELL, LINDA
4485 HWY 17
ORANGE PARK FL 32073

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~	1.1 TITLE	D ☑ Change ☐ Addition
NAME	MARSHALL, EARL	1.2 NAME	
STREET ADDRESS	8554 ECHORIDGE CRT	1.3 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	1.4 CITY ST ZIP	
TITLE	~~VD~~	2.1 TITLE	P/D ☑ Change ☐ Addition
NAME	COX, TOM	2.2 NAME	
STREET ADDRESS	5273 TIMUQUANA ROAD	2.3 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE, FL 00000	2.4 CITY ST ZIP	
TITLE	~~S~~	3.1 TITLE	S ☑ Change ☑ Addition
NAME	~~STEWART, JENNIE~~	3.2 NAME	RUNNFELDT, JULIE
STREET ADDRESS	~~8131 OLD KINGS RD. SO.~~	3.3 STREET ADDRESS	11587 SAN JOSE BLVD
CITY ST ZIP	~~JACKSONVILLE, FL 00000~~	3.4 CITY ST ZIP	JACKSONVILLE, FL 32223
TITLE	~~D~~	4.1 TITLE	V/D ☑ Change ☑ Addition
NAME	~~CROMER, DAVID~~	4.2 NAME	ACREE, HOWARD
STREET ADDRESS	~~10843 PHILLIPS HWY~~	4.3 STREET ADDRESS	3603 BLANDING BLVD
CITY ST ZIP	~~JACKSONVILLE FL~~	4.4 CITY ST ZIP	JACKSONVILLE FL 32210
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	O'DONNELL, LINDA	5.2 NAME	
STREET ADDRESS	4485 HWY 17	5.3 STREET ADDRESS	
CITY ST ZIP	ORANGE PARK FL	5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

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: Linda O'Donnell — 5/15/95 — 904 269-8866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LINDA O'DONNELL

0022888