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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **716946** (9)
1. Corporation Name
JACKSONVILLE VETERINARY MEDICAL SOCIETY, INC.

Principal Place of Business 4485 HWY 17 ORANGE PARK FL 32073	Mailing Address 4485 HWY 17 ORANGE PARK FL 32073-7875
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 06/06/1969	3a. Date of Last Report 04/05/1996
				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
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MARSHALL, EARL 8554 ECHORIDGE CRT JACKSONVILLE FL ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COX, TOM 5273 TIMUQUANA ROAD JACKSONVILLE, FL 00000 ☒ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VD A. B. WOODHAM 10343 ATLANTIC BLVD JACKSONVILLE, FL 32225 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RUNNFEDLT, JULIE 760 BLANDING BLVD ORANGE PARK FL ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ACREE, HOWARD 3603 BLANNING BLVD JACKSONVILLE FL ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T O'DONNELL, LINDA 4485 HWY 17 ORANGE PARK FL ☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SHUMER, MIKEE 1238 MONUMENT RD JACKSONVILLE FL ☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	PD SHUMER, MIKE ☒ Change ☐ Addition

14. I do 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: *[Signature]* **(LINDA O'DONNELL)** 4/29/97 904 268-8810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0001000

CR2E037 (9/96)