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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716946

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/06/1969
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7432779 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 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	D	☐ DELETE	1.1 TITLE		☐ 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	PD	☐ DELETE	2.1 TITLE	D	☑ Change ☐ Addition
NAME	WOODHAM, A.B.		2.2 NAME		
STREET ADDRESS	10343 ATLANTIC BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROGERS, ALLISON		3.2 NAME		
STREET ADDRESS	9965 SAN JOSE BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32244		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE	P D	☑ Change ☐ Addition
NAME	MARSHALL, JOAN		4.2 NAME		
STREET ADDRESS	8554 ECHORIDGE CRT		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32244		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	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	D	☑ DELETE	6.1 TITLE	VD	☐ Change ☑ Addition
NAME	SHUMER, MIKE		6.2 NAME	CHAMBERS, ROBIN	
STREET ADDRESS	1238 MONUMENT RD		6.3 STREET ADDRESS	2126 LOU DRIVE WEST	
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP	JACKSONVILLE FL 32216	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Katherine A. Shumer 1/14/99 904 269-8866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #