2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005
Secretary of State

DOCUMENT# 716946

Entity Name: JACKSONVILLE VETERINARY MEDICAL SOCIETY, INC.

Current Principal Place of Business:

14333-42 BEACH BLVD
JACKSONVILLE, FL 32250

New Principal Place of Business:

Current Mailing Address:

14333-42 BEACH BLVD
JACKSONVILLE, FL 32250

New Mailing Address:

FEI Number: 23-7432779 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS CATALYZER INC
1433342 BEACH BLVD
JACKSONVILLE, FL 32250 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: GORDON, ROBERT
Address: 4473 SUNBEAM RD
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete
Name: WOODHAM, A.B.
Address: 10343 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL

Title: S ( ) Delete
Name: NASH, DWIGHT
Address: 9319 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete
Name: MARSHALL, JOAN
Address: 8554 ECHORIDGE CRT
City-St-Zip: JACKSONVILLE, FL 32244

Title: T ( ) Delete
Name: SEVERIDT, DEAN
Address: 14332-42 BEACH BLVD
City-St-Zip: JACKSONVILLE, FL 32250

Title: PDT ( ) Delete
Name: CHAMBERS, ROBIN
Address: 1767 HAWKCREST DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEAN SEVERIDT TREA 01/10/2005
Electronic Signature of Signing Officer or Director — Date