2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007
Secretary of State

DOCUMENT# 716946

Entity Name: JACKSONVILLE VETERINARY MEDICAL SOCIETY, INC.

Current Principal Place of Business:

10843 PHILIPS HIGHWAY
JACKSONVILLE, FL 32256

New Principal Place of Business:

4559 PARK STREET
JACKSONVILLE, FL 32205 US

Current Mailing Address:

10843 PHILIPS HIGHWAY
JACKSONVILLE, FL 32256

New Mailing Address:

4559 PARK STREET
JACKSONVILLE, FL 32205 US

FEI Number: 23-7432779 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CROMER, DAVID W DR.
10843 PHILIPS HIGHWAY
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

MILLER, CYNTHIA A DR.
4559 PARK STREET
JACKSONVILLE, FL 32205 US

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: CYNTHIA ANN MILLER, DVM 05/03/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

Title: EXEC ( ) Delete
Name: CROMER, DAVID W DR.
Address: 10843 PHILIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32256

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: GORDON, ROBERT
Address: 4473 SUNBEAM RD
City-St-Zip: JACKSONVILLE, FL 32257

Title: TREA (X) Change ( ) Addition
Name: MILLER, CYNTHIA A DR.
Address: 4559 PARK STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: SECR (X) Change ( ) Addition
Name: MCMILLAN, GRANT
Address: 9319 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32257

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 exemption stated in Chapter 119, 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: CYNTHIA ANN MILLER, DVM TREA 05/03/2007
Electronic Signature of Signing Officer or Director Date