

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716946

FILED  
Mar 20, 2008  
Secretary of State

**Entity Name:** JACKSONVILLE VETERINARY MEDICAL SOCIETY, INC.

**Current Principal Place of Business:**

4559 PARK STREET  
JACKSONVILLE, FL 32205 US

**New Principal Place of Business:**

**Current Mailing Address:**

4559 PARK STREET  
JACKSONVILLE, FL 32205 US

**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:**

MILLER, CYNTHIA A DR.  
4559 PARK STREET  
JACKSONVILLE, FL 32205 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: PRES ( ) Delete  
Name: GORDON, ROBERT  
Address: 4473 SUNBEAM RD  
City-St-Zip: JACKSONVILLE, FL 32257

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

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: WILLIAMS, REBECCA DR.  
Address: 7525 SCARLET IBIS LANE  
City-St-Zip: JACKSONVILLE, FL 32256

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

Title: SECR (X) Change ( ) Addition  
Name: SILVERNESS, ANN DR.  
Address: 3003 HARTLEY ROAD  
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP ( ) Change (X) Addition  
Name: SUTLIFF, RICK DR.  
Address: 3101 PLUMMER COVE ROAD  
City-St-Zip: JACKSONVILLE, FL 32257

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

03/20/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date