2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2012
Secretary of State

DOCUMENT# 716946

Entity Name: JACKSONVILLE VETERINARY MEDICAL SOCIETY, INC.

Current Principal Place of Business:

11347 PORTSIDE DR.
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

11347 PORTSIDE DR.
JACKSONVILLE, FL 32225 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:

CHUPP, HEIDI A DR.
11347 PORTSIDE DR.
JACKSONVILLE, FL 32225 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
Name: MCMILLAN, GRANT DR.
Address: 9319 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32257

Title: TREA
Name: CHUPP, HEIDI A DR.
Address: 11347 PORTSIDE DR.
City-St-Zip: JACKSONVILLE, FL 32225

Title: SECR
Name: HATCHER, ERIN DR.
Address: 8550 TOUCHTON RD
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP
Name: HOLLOWAY, TIM DR.
Address: 100 ARLINGTON RD S
City-St-Zip: JACKSONVILLE, FL 32216

I hereby 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 all other like empowered.

SIGNATURE: HEIDI CHUPP TREA 01/23/2012

Electronic Signature of Signing Officer or Director Date