

FILE NOW: FILING FEE IS \$61.25.

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759239 (7)
1. Corporation Name
MARION VETERINARY MEDICAL ASSOCIATION, INC.



Principal Place of Business
3325 S.W. 97TH CT.
OCALA FL 34481

Mailing Address
3325 S.W. 97TH CT.
OCALA FL 34481

3. Date Incorporated or Qualified
07/21/1981

3a. Date of Last Report
04/21/1995

4. FEI Number
59-2106659

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOKAI, M.D., DVM
3325 S.W. 97TH CT.
OCALA FL 32674

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	pres.
NAME	OROSKI, TED D	1.2 NAME	Dr. Diane Kitchen /D
STREET ADDRESS	12947A SW 8TH AVENUE	1.3 STREET ADDRESS	21011 se hwy 301
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	Hawthorne, Fl
TITLE	PD	2.1 TITLE	Sec/Tres
NAME	OROSKI, TED, DVM	2.2 NAME	Dr. Ted Oroski /T
STREET ADDRESS	3325 SW 97TH CT	2.3 STREET ADDRESS	12947A sw 8th ave
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	Ocala, Fl
TITLE	STD	3.1 TITLE	
NAME	KIERSTEIN, LEE D	3.2 NAME	
STREET ADDRESS	2019 N. MAGNOLIA AVENUE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	
TITLE	VPPE	4.1 TITLE	PRES. ELECT./T
NAME	KITCHEN, DIANE D	4.2 NAME	DR KELLY CULBERTSON
STREET ADDRESS	21011 SE HWY 301	4.3 STREET ADDRESS	!511 ne 25th ave
CITY-ST-ZIP	HAWTHORNE FL	4.4 CITY-ST-ZIP	ocala, fl 34470
TITLE		5.1 TITLE	
NAME		5.2 NAME	MARTHA J LOKAI, S/T
STREET ADDRESS		5.3 STREET ADDRESS	3325 sw 97th ct
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ocala, fl 34481
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Martha J. Lokai*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-96 352-237-6211
Date Daytime Phone #

CR2E037 (12/95)