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Jun 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759239 (7)
1. Corporation Name
MARION VETERINARY MEDICAL ASSOCIATION, INC.

Principal Place of Business
**3325 S.W. 97TH CT.
OCALA FL 34461**

Mailing Address
**3325 S.W. 97TH CT.
OCALA FL 34461-1589**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/21/1981	3a. Date of Last Report 07/02/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2106659	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 _____
(NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	FD KITCHEN, DIANE 21011 SE HWY 301 HAWTHORNE FL	1.1 TITLE	PRESIDENT/D
NAME		1.2 NAME	KELLY CULBERTSON
STREET ADDRESS		1.3 STREET ADDRESS	511 NE 25TH AVE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	OCALA, FL 34470
TITLE	ST OROSKI, TED, DR 12947A SW 8TH AVE OCALA FL	2.1 TITLE	SEC/TREAS /T
NAME		2.2 NAME	DIANE KITCHEN
STREET ADDRESS		2.3 STREET ADDRESS	21011 SE HWY 301
CITY-ST-ZIP		2.4 CITY-ST-ZIP	HAWTHORNE, FL
TITLE	STD KIERSTEIN, LEE D 2019 N. MAGNOLIA AVENUE. OCALA FL	3.1 TITLE	KEVIN STOOHOFF/ PRES ELEC/T
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	4184 NW HWY 40
CITY-ST-ZIP		3.4 CITY-ST-ZIP	OCALA, FL 34482
TITLE	PET CULBERTSON, KELLY DR 511 NE 25TH AVE OCALA FL 34470	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	ST LOKAI, MARTHA J 3325 SW 97TH CT OCALA FL 34481	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

MARTHA J. LOKAI

6/11/97

CR2E037 (9/96)