


FILE NOW: FILING FEE IS \$61.25

FILED

**Jun 18 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 8325 S.W. 97TH CT. OCALA FL 34481	Mailing Address 3325 S.W. 97TH CT. OCALA FL 34481
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3. Date Incorporated or Qualified 07/21/1981	
4. FEI Number 59-2106659	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Sulte, Apt. #, etc. City & State 23 Zip 24 Country	2a. Mailing Address 26 Sulte, Apt. #, etc. City & State 28 Zip 30 Country
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9. Name and Address of Current Registered Agent LOKAI, M.D., DVM 3325 S.W. 97TH CT. OCALA FL 32874		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CULBERTSON, KELLY	
STREET ADDRESS	511 NE 25TH AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	KITCHEN, DIANE	
STREET ADDRESS	21011 SE HWY 301	
CITY-ST-ZIP	HAWTHORNE FL	
TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	STOOTHOFF, KEVIN	
STREET ADDRESS	4184 NW HWY 40	
CITY-ST-ZIP	OCALA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	LOKAI, MARTHA J	
STREET ADDRESS	3325 SW 97TH CT	
CITY-ST-ZIP	OCALA FL 34481	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KEVIN STOOTHOFF	
1.3 STREET ADDRESS	4184 NW HWY 40	
1.4 CITY-ST-ZIP	OCALA, FL 34481	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MICHAEL LOKAI	
2.3 STREET ADDRESS	3325 SW 97TH CT	
2.4 CITY-ST-ZIP	OCALA, FL 34481	
3.1 TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KELLEY CULBERTSON	
3.3 STREET ADDRESS	4575 N US HWY 27	
3.4 CITY-ST-ZIP	OCALA, FL 34482	
4.1 TITLE	T/T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARTHA J LOKAI	
4.3 STREET ADDRESS	3325 SW 97TH CT	
4.4 CITY-ST-ZIP	OCALA, FL 34481	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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.

SIGNATURE _____ DATE _____

CR2E037 (10/97)