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**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90064 030 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 759239**

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

385105-90064-30



2. Principal Place of Business

21 **LOKAI, M.D., DVM**

Suite, Apt. #, etc.

22 City & State

23 **OCALA, FLORIDA**

Zip Country

24 **34481** **MARION**

2a. Mailing Address

26 **3325 SW 97TH CT**

Suite, Apt. #, etc.

27 City & State

28 **OCALA, FLORIDA**

Zip Country

29 **34481** **MARION**

3. Date Incorporated or Qualified

**07/21/1981**

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

9. Name and Address of Current Registered Agent

**LOKAI, M.D., DVM**  
**3325 S.W. 97TH CT.**  
**OCALA FL 32674 34481**

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

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

TITLE **PD**  DELETE  
 NAME **STOOTHOFF, KEVIN**  
 STREET ADDRESS **4184 N W HWY 40**  
 CITY-ST-ZIP **OCALA FL 34481**

TITLE **VD**  DELETE  
 NAME **LOKAI, MICHAEL**  
 STREET ADDRESS **3325 S W 97TH CT**  
 CITY-ST-ZIP **OCALA FL 34481**

TITLE **ST**  DELETE  
 NAME **CULBERTSON, KELLEY**  
 STREET ADDRESS **4975 N US HWY 27**  
 CITY-ST-ZIP **OCALA FL 34482**

TITLE **TT**  DELETE  
 NAME **LOKAI, MARTHA J**  
 STREET ADDRESS **3325 SW 97TH CT**  
 CITY-ST-ZIP **OCALA FL 34481**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME **P/D**  
**LOKAI, MICHAEL D.**  
 1.3 STREET ADDRESS **3325 SW 97TH CT**  
 1.4 CITY-ST-ZIP **OCALA, FL 34481**

2.1 TITLE  Change  Addition  
 2.2 NAME **V/D**  
**LANE, TOM**  
 2.3 STREET ADDRESS **COLLEGE OF VET MED**  
 2.4 CITY-ST-ZIP **GAINESVILLE, FL 32610**

3.1 TITLE  Change  Addition  
 3.2 NAME **S/T/D**  
**STOOTHOFF, KEVIN**  
 3.3 STREET ADDRESS **4185 NW HWY 40**  
 3.4 CITY-ST-ZIP **OCALA, FL 34482**

4.1 TITLE  Change  Addition  
 4.2 NAME **S/TR**  
**LOKAI, MARTHA J**  
 4.3 STREET ADDRESS **3325 SW 97TH CT**  
 4.4 CITY-ST-ZIP **OCALA, FL 34481**

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  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, with all other like empowered.

SIGNATURE: *Michael D. Lokai* **MICHAEL D. LOKAI**

4/15/99

352/2376211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0076185