

# 2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 759239

FILED  
Sep 28, 2011  
Secretary of State

**Entity Name:** MARION VETERINARY MEDICAL ASSOCIATION, INC.

**Current Principal Place of Business:**

3325 S.W. 97TH CT.  
OCALA, FL 34481

**New Principal Place of Business:**

4201 SE HWY 42  
SUMMERFIELD, FL 34491

**Current Mailing Address:**

3325 S.W. 97TH CT.  
OCALA, FL 34481

**New Mailing Address:**

4201 SE HWY 42  
SUMMERFIELD, FL 34491

**FEI Number:** 59-2106659

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

LANE, DR. THOMAS J.  
4201 SE HWY 42  
SUMMERFIELD, FL 34491 US

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: THOMAS J. LANE, DVM

09/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: STOOHOFF, DR. KEVIN  
Address: 4201 SE HWY 42  
City-St-Zip: SUMMERFIELD, FL 34491

Title: TSD  
Name: LANE, DR. THOMAS  
Address: 4201 SE HWY 42  
City-St-Zip: SUMMERFIELD, FL 34491

Title: VD  
Name: HOOKER, DR. JOSEPH  
Address: 4201 SE HWY 42  
City-St-Zip: SUMMERFIELD, FL 34491

Title: D  
Name: WRIGHT, DR. JIM J  
Address: 4201 SE HWY 42  
City-St-Zip: SUMMERFIELD, FL 34491

Title: D  
Name: BROADBENT, DR. MIKE  
Address: 4201 SE HWY 42  
City-St-Zip: SUMMERFIELD, FL 34491

Title: D  
Name: KIRK, DR. SARAH  
Address: 4201 SE HWY 42  
City-St-Zip: SUMMERFIELD, FL 34491

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: THOMAS J. LANE, DVM

STD

09/28/2011

Electronic Signature of Signing Officer or Director

Date