

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759239

FILED
Jan 14, 2012
Secretary of State

Entity Name: MARION VETERINARY MEDICAL ASSOCIATION, INC.

Current Principal Place of Business:

4201 SE HWY 42
SUMMERFIELD, FL 34491

New Principal Place of Business:

Current Mailing Address:

4201 SE HWY 42
SUMMERFIELD, FL 34491

New Mailing Address:

FEI Number: 59-2106659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

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

S/T

01/14/2012

Electronic Signature of Signing Officer or Director

Date