

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759239

Entity Name: MARION VETERINARY MEDICAL ASSOCIATION, INC.

Current Principal Place of Business:

4201 SE HWY 42
SUMMERFIELD, FL 34491

Current Mailing Address:

4201 SE HWY 42
SUMMERFIELD, FL 34491

FEI Number: 59-2106659

Certificate of Status Desired: No

Name and Address of Current 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

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

Title D
Name KIRK, DR. SARAH
Address 4201 SE HWY 42
City-State-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: LANE, DR. THOMAS

SD

03/04/2013

Electronic Signature of Signing Officer/Director Detail

Date