

**2015 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	STOOTHOFF, DR. KEVIN
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	BROADBENT, DR. MIKE
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	D
Name	WRIGHT, DR. JIM J
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:** DR. THOMAS J LANE**SECRETARY/TREASURER** 01/09/2015\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date