

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 759239

**FILED**  
**Feb 05, 2016**  
**Secretary of State**  
**CC6307151389**

**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: DR. THOMAS LANE**

**TSD**

**02/05/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date