


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 715072	
1. Entity Name NORTHWEST FLORIDA VETERINARY MEDICAL SOCIETY, INC.	

Principal Place of Business ANIMAL MEDICAL CENTER 3205 GULFBREEZE PKWY GULF BREEZE, FL 32563 US	Mailing Address ANIMAL MEDICAL CENTER 3205 GULFBREEZE PKWY GULF BREEZE, FL 32563 US
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01032006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RHODUS, LORRIE DVM 4366 MARILYN COURT GULF BREEZE, FL 32563

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligation of registered agent.

SIGNATURE *Lorrie Rhodus*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/3/06
DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BORDELON, DAVID DVM 3998 N. PALAFOX ST PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RHODUS, LORRIE 4366 MARILYN CT GULF BREEZE, FL 32563
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01/11/06-80012-009 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lorrie Rhodus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/06
Date

850 934 9530
Daytime Phone #