

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715072

FILED
Jan 11, 2008
Secretary of State

Entity Name: NORTHWEST FLORIDA VETERINARY MEDICAL SOCIETY, INC.

Current Principal Place of Business:

ANIMAL MEDICAL CENTER
3205 GULFBREEZE PKWY
GULF BREEZE, FL 32563 US

Current Mailing Address:

ANIMAL MEDICAL CENTER
3205 GULFBREEZE PKWY
GULF BREEZE, FL 32563 US

New Principal Place of Business:

VETERINARY EMERGENCY REFERRAL CENTER
4800 N. DAVIS HIGHWAY
PENSACOLA, FL 32503 US

New Mailing Address:

VETERINARY EMERGENCY REFERRAL CENTER
4800 N. DAVIS HIGHWAY
PENSACOLA, FL 32503 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RHODUS, LORRIE DVM
4366 MARILYN COURT
GULF BREEZE, FL 32563 US

Name and Address of New Registered Agent:

BORDELON, DAVID DVM
4800 N. DAVIS HIGHWAY
PENSACOLA, FL 32503 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: DAVID BORDELON

01/11/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BORDELON, DAVID DVM
Address: 3998 N. PALAFOX ST
City-St-Zip: PENSACOLA, FL 32505

Title: ST (X) Delete
Name: RHODUS, LORRIE
Address: 4366 MARILYN CT
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BORDELON, DAVID DVM
Address: 4800 N. DAVIS HIGHWAY
City-St-Zip: PENSACOLA, FL 32503

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID BORDELON

DR.

01/11/2008

Electronic Signature of Signing Officer or Director

Date