


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #716101</b> 1. Entity Name <b>CENTRAL FLORIDA VETERINARY MEDICAL ASSOCIATION, INC.</b>	
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Principal Place of Business <b>AFFILIATED VETERINARY SPECIALISTS 9905 US HWY 17-92 MAITLAND, FL 32751 US</b>	Mailing Address <b>AFFILIATED VETERINARY SPECIALISTS 9905 US HWY 17-92 MAITLAND, FL 32751 US</b>
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**DO NOT WRITE IN THIS SPACE**



01202008 No Chg-NP

CR2E037 (4/06)

4. FEI Number <b>59-3105754</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MADDEN, STACEY  
9905 US HWY 17-92  
MAITLAND, FL 32751**

**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 obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

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 HONECKMAN, ADAM 13932 BROADWING DRIVE ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRIEHS, DANIEL 9901 US HWY 17-92 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MADDEN, STACEY 9905 US HIGHWAY 17-92 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MADDEN, STACEY 9905 US HWY 17-92 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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01/29/08-80023-004 70.00

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: Stacey Madden 01-21-2008 407-644-1287  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #