

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716101

FILED  
Apr 07, 2009  
Secretary of State

**Entity Name:** CENTRAL FLORIDA VETERINARY MEDICAL ASSOCIATION, INC.

**Current Principal Place of Business:**

AFFILIATED VETERINARY SPECIALISTS  
9905 US HWY 17-92  
MAITLAND, FL 32751 US

**New Principal Place of Business:**

**Current Mailing Address:**

AFFILIATED VETERINARY SPECIALISTS  
9905 US HWY 17-92  
MAITLAND, FL 32751 US

**New Mailing Address:**

**FEI Number:** 59-3105754      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

ANDERSON, SUSAN DVM  
9905 US HWY 17-92  
MAITLAND, FL 32751 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: SUSAN ANDERSON, DVM

04/07/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HONECKMAN, ADAM  
Address: 13932 BROADWING DRIVE  
City-St-Zip: ORLANDO, FL 32837

Title: VD ( ) Delete  
Name: PRIEHS, DANIEL  
Address: 9901 US HWY 17-92  
City-St-Zip: MAITLAND, FL 32751

Title: S ( ) Delete  
Name: MADDEN, STACEY  
Address: 9905 US HIGHWAY 17-92  
City-St-Zip: MAITLAND, FL 32751

Title: T ( ) Delete  
Name: MADDEN, STACEY  
Address: 9905 US HWY 17-92  
City-St-Zip: MAITLAND, FL 32751

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ANDERSON, SUSAN DVM  
Address: 9905 US HWY 17-92  
City-St-Zip: MAITLAND, FL 32751

Title: VD (X) Change ( ) Addition  
Name: PRIEHS, DANIEL DVM  
Address: 9901 US HWY 17-92  
City-St-Zip: MAITLAND, FL 32751

Title: S (X) Change ( ) Addition  
Name: PRATHER, LAUREN DVM  
Address: 13092 W COLONIAL DR  
City-St-Zip: WINTER GARDEN, FL 34787

Title: T (X) Change ( ) Addition  
Name: JAMIESON, TIFFANY DVM  
Address: 13092 W COLONIAL DR  
City-St-Zip: WINTER GARDEN, FL 34787

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: LAUREN PRATHER, DVM

S

04/07/2009

Electronic Signature of Signing Officer or Director

Date