

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716101

FILED
Jan 13, 2010
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:

13092 W COLONIAL DRIVE
WINTER GARDEN, FL 34787 US

Current Mailing Address:

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

New Mailing Address:

13092 W COLONIAL DRIVE
WINTER GARDEN, FL 34787 US

FEI Number: 59-3105754

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ANDERSON, SUSAN DVM
13092 W COLONIAL DRIVE
WINTER GARDEN, FL 34787 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

01/13/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: ANDERSON, SUSAN DVM
Address: 13092 W COLONIAL DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

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

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

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

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: SUSAN ANDERSON, DVM

P

01/13/2010

Electronic Signature of Signing Officer or Director

Date