

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 716101

**FILED**  
**Jan 17, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

13092 W COLONIAL DRIVE  
WINTER GARDEN, FL 34787 US

**New Principal Place of Business:**

**Current Mailing Address:**

13092 W COLONIAL DRIVE  
WINTER GARDEN, FL 34787 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:**

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

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

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:**

\_\_\_\_\_  
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:** LAUREN PRATHER, DVM

S

01/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date