

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716946

FILED  
Mar 24, 2006  
Secretary of State

**Entity Name:** JACKSONVILLE VETERINARY MEDICAL SOCIETY, INC.

**Current Principal Place of Business:**

14333-42 BEACH BLVD  
JACKSONVILLE, FL 32250

**New Principal Place of Business:**

10843 PHILIPS HIGHWAY  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

14333-42 BEACH BLVD  
JACKSONVILLE, FL 32250

**New Mailing Address:**

10843 PHILIPS HIGHWAY  
JACKSONVILLE, FL 32256

**FEI Number:** 23-7432779

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUSINESS CATALYZER INC  
1433342 BEACH BLVD  
JACKSONVILLE, FL 32250 US

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

CROMER, DAVID W DR.  
10843 PHILIPS HIGHWAY  
JACKSONVILLE, FL 32256 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 W. CROMER D.V.M.

03/24/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: GORDON, ROBERT  
Address: 4473 SUNBEAM RD  
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete  
Name: WOODHAM, A.B.  
Address: 10343 ATLANTIC BLVD  
City-St-Zip: JACKSONVILLE, FL

Title: S ( ) Delete  
Name: NASH, DWIGHT  
Address: 9319 SAN JOSE BLVD  
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete  
Name: MARSHALL, JOAN  
Address: 8554 ECHORIDGE CRT  
City-St-Zip: JACKSONVILLE, FL 32244

Title: T ( ) Delete  
Name: SEVERIDT, DEAN  
Address: 14332-42 BEACH BLVD  
City-St-Zip: JACKSONVILLE, FL 32250

Title: PDT ( ) Delete  
Name: CHAMBERS, ROBIN  
Address: 1767 HAWKCREST DRIVE  
City-St-Zip: JACKSONVILLE, FL 32257

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

Title: VP (X) Change ( ) Addition  
Name: GORDON, ROBERT  
Address: 4473 SUNBEAM RD  
City-St-Zip: JACKSONVILLE, FL 32257

Title: EXEC (X) Change ( ) Addition  
Name: CROMER, DAVID W DR.  
Address: 10843 PHILIPS HIGHWAY  
City-St-Zip: JACKSONVILLE, FL 32256

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 W. CROMER D.V.M.

EXEC

03/24/2006

Electronic Signature of Signing Officer or Director

Date