

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716946

FILED
May 12, 2010
Secretary of State

Entity Name: JACKSONVILLE VETERINARY MEDICAL SOCIETY, INC.

Current Principal Place of Business:

4559 PARK STREET
JACKSONVILLE, FL 32205 US

New Principal Place of Business:

Current Mailing Address:

4559 PARK STREET
JACKSONVILLE, FL 32205 US

New Mailing Address:

FEI Number: 23-7432779 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MILLER, CYNTHIA A DR.
4559 PARK STREET
JACKSONVILLE, FL 32205 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP
Name: ERNE, JAY DR.
Address: 3444 SOUTHSIDE BOULEVARD, SUITE 103
City-St-Zip: JACKSONVILLE, FL 32216

Title: TREA
Name: MILLER, CYNTHIA A DR.
Address: 4559 PARK STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: SECR
Name: HASHEY, NATALIE DR.
Address: 3101 PLUMMER COVE ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: PRES
Name: SILVERNESS, ANN DR.
Address: 3003 HARTLEY ROAD
City-St-Zip: JACKSONVILLE, FL 32257

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: CYNTHIA ANN MILLER, DVM

TREA

05/12/2010

Electronic Signature of Signing Officer or Director

Date