2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#716946

FILED Feb 20, 2011 Secretary of State

Entity Name: JACKSONVILLE VETERINARY MEDICAL SOCIETY, INC.

Current Principal Place of Business: New Principal Place of Business:

4559 PARK STREET 11347 PORTSIDE DR.

JACKSONVILLE, FL 32205 US JACKSONVILLE, FL 32225 US

Current Mailing Address: New Mailing Address:

4559 PARK STREET 11347 PORTSIDE DR

JACKSONVILLE, FL 32205 US JACKSONVILLE, FL 32225 US

FEI Number: 23-7432779 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MILLER, CYNTHIA A DR.
4559 PARK STREET
CHUPP, HEIDI A DR.
11347 PORTSIDE DR.

JACKSONVILLE, FL 32205 US JACKSONVILLE, FL 32225 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: HEIDI CHUPP 02/20/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES

Name: ERNE, JAY DR.

Address: 3444 SOUTHSIDE BOULEVARD, SUITE 103

City-St-Zip: JACKSONVILLE, FL 32216

Title: TREA

Name: CHUPP, HEIDI A DR.
Address: 11347 PORTSIDE DR.
City-St-Zip: JACKSONVILLE, FL 32225

Title: SECR

Name: KELSEY, LAURA DR.

Address: 12454 JEREMY'S LANDING DR. E City-St-Zip: JACKSONVILLE, FL 32258

Title: VF

 Name:
 MCMILLAN, GRANT
 DR.

 Address:
 9319 SAN JOSE BLVD

 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: HEIDI CHUPP TREA 02/20/2011