

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **727462** (4)
1. Corporation Name
ALACHUA VETERINARY MEDICAL ASSOCIATION, INC.

Principal Place of Business Mailing Address
1004 N W 13ST
PO BOX 100126
GAINESVILLE FL 32601
US
8812 S W 157 AVE
PO BOX 100126
ARCHER FL 32618
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/17/1973** 3a. Date of Last Report **04/26/1994**
4. FEI Number **59-1450152** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **Box 100126 Dept SACS** 26 **Box 100126 Dept SACS**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
23 **Gainesville FL** 27 **Gainesville FL**
City & State City & State
24 **32610-0126** 25 **US** 29 **32610-0126** 30 **US**
Zip Country Zip Country

9. Name and Address of Current Registered Agent
GORDON, PATTI
8812 SW 157 AVE
ARCHER FL 32618

10. Name and Address of New Registered Agent
81 Name **Susan E. Anderson**
82 Street Address (P.O. Box Number is Not Acceptable)
2015 SW 16th Ave
83 **PO Box 100126 Dept SACS**
84 City **Gainesville** FL 85 Zip Code **32610-0126**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Susan E. Anderson* **Susan E. Anderson** **4/26-95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	GORDON, PATTI
NAME	GORDON, PATTI
STREET ADDRESS	1034 NW 13ST
CITY- ST- ZIP	GAINESVILLE FL
TITLE	PEARSON, MOLLY
NAME	PEARSON, MOLLY
STREET ADDRESS	3230 SW 87ST
CITY- ST- ZIP	GAINESVILLE FL
TITLE	HARDY, MIKE
NAME	HARDY, MIKE
STREET ADDRESS	16105 SW ARCITER RD
CITY- ST- ZIP	ARCITER FL
TITLE	HENLEY, RAY
NAME	HENLEY, RAY
STREET ADDRESS	PO BOX 1105 N/A
CITY- ST- ZIP	GAINESVILLE, FL 00000
TITLE	STINE, GENE
NAME	STINE, GENE
STREET ADDRESS	6714 NW 67 WAY
CITY- ST- ZIP	GAINESVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Anderson, Susan E.
1.3 STREET ADDRESS	2562 SW 14th Dr
1.4 CITY- ST- ZIP	Gainesville FL 32608
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Steers, Chris
2.3 STREET ADDRESS	3831 Newberry Rd
2.4 CITY- ST- ZIP	Gainesville, FL 32607
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Himes, James
3.3 STREET ADDRESS	3716 SW 30 TER
3.4 CITY- ST- ZIP	Gainesville FL 32608
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Nicoletti, Paul
4.3 STREET ADDRESS	2552 SW 14 Drive
4.4 CITY- ST- ZIP	Gainesville, FL 32608
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Calderwood-Mays, Marion
5.3 STREET ADDRESS	13703 Millhopper Rd
5.4 CITY- ST- ZIP	Gainesville, FL 32609
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Susan E. Anderson* **Susan E. Anderson** **4.26.95** (904) 392-4700
Signature and typed or printed name of signing officer or director Date (Daytime Phone # **X4700**)