

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **727462** (4)
1. Corporation Name

ALACHUA VETERINARY MEDICAL ASSOCIATION, INC.



Principal Place of Business: BOX 100126 N/A DEPT. SACS GAINESVILLE FL 32610-0126 US
Mailing Address: BOX 100126 N/A DEPT. SACS GAINESVILLE FL 32610-0126 US

3. Date Incorporated or Qualified: **09/17/1973**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **ANDERSON, SUSAN E. 2015 S.W. 16TH AVE P. O. BOX 100126 N/A DEPT. SACS GAINESVILLE FL 32610**

10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 Zip Code: **FL** 85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes

SIGNATURE: _____ DATE: _____ (NOTE: Registered Agent Signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
	T ANDERSON, SUSAN E. 2562 S.W. 14TH DRIVE GAINESVILLE FL		
	D STEERS, CHRIS 3831 NEWBERRY RD GAINESVILLE FL		
	P HIMES, JAMES 3716 S.W. 30 TERR GAINESVILLE FL		
	D NICOLETTI, PAUL 2552 SW 14 DRIVE GAINESVILLE FL		
	S CALDERWOOD-MAYS, MARION 13703 MILLHOPPER RD GAINESVILLE FL		

1.3 STREET ADDRESS:	
1.4 CITY - ST - ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	P Henley, Ray
3.2 NAME	10026 S.W. 14th Lane
3.3 STREET ADDRESS	Gainesville, FL 32608
3.4 CITY - ST - ZIP	
4.1 TITLE	P (elect)
4.2 NAME	Chenoweth, Peter
4.3 STREET ADDRESS	3131 NW 9th Place
4.4 CITY - ST - ZIP	Gainesville, FL 32605
5.1 TITLE	
5.2 NAME	MARON
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	D Harbin, Michael
6.3 STREET ADDRESS	8725 S.W. 103rd Avenue
6.4 CITY - ST - ZIP	Gainesville, FL 32608

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 119.07(3)(k), 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 DVM* DATE: **3/28/96** TELEPHONE: **(352) 392-4700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)