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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

727462

(4)

ALACHUA VETERINARY MEDICAL ASSOCIATION, INC.				 			
ipal Place of Business	Mailing Address						
IX 100126 N/A	BOX 100126 N/A						
PT. SACS	DEPT. SACS GAINESVILLE EL 326104	DEPT. SACS GAINESVILLE FL 32610-0126			3a. Date of Last Report		port
INESVILLE FL 32610-0126	US			 Date Incorporated or Qualified 09/17/1973 		05/01/199	<u>95 </u>
	9- Mailing Address			4. FEI Number		App	olied For
Principal Place of Business	2a. Mailing Address			59-1450152			t Applicable
Note And High	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
Suite, Apt. #, etc.	27					\$5.00	<u> </u>
City & State	City & State			Election Campaign Financing Trust Fund Contribution		Added t	
	28 Zin	Countr	<u></u>	This corporation has liability for	intangible ta	ax under s. 19	99.032,
Zip Country	Zip 29	30	•	Florida Statutes	LJ Yes L_] No	
9. Name and Address of Curr				10. Name and Address of New F	negistered	WARUI	
9. Hallie and Address of Con-		8					
ANDEDONN CHOAN E		8	2 Street Ar	drivers (P.O. Box Number is Not Acceptate	ble)		
ANDERSON, SUSAN E. 2015 S.W. 16TH AVE		 B					<u> </u>
P. O. BOX 100126 N/A DEPT. SACS		B				OE Jin	Code
CAINESVILLE EL 32610			34 City		FL		
Pursuant to the provisions of Sections 617.0 or registered agent, or both, in the State of F	502 and 617.1508, Florida Statu Jorida. Such change was authori. Section 617.0503, Florida Statute	tes, the above zed by the co is	a-named con prporation's b	poration submits this statement for the pu coard of directors. I hereby accept the app	pointment a	is registered t	J
or registered agent, or both, in the obligations of, S familiar with, and accept the obligations of, S GNATURE Signature, typed or part to the obligations of Signature, typed or part to the obligations of Signature.	Section 617.0503, Florida Statute	: S		representations of the policy accept the appropriate of directors. I hereby accept the appropriate of the policy accept the appropriate of the policy accept the appropriate of the policy acceptance of the policy acceptanc	DATE	ND DIRECTOR	RS IN 12
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SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/38/96 (352)392.4700 Datus Prome # X47/3

0030377

CR2E037 (12/95)