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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 727462 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	



2. Principal Place of Business 21 2828 NW 142ND AVE.	2a. Mailing Address 26 2828 N.W. 142ND AVE.	3. Date incorporated or Qualified 09/17/1973
22 GAINESVILLE, FL	27 Suite, Apt. #, etc.	4. FEI Number 59-1450152
23 32609-4097 US	28 GAINESVILLE, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip	29 32609-4097	30 Country US
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

ANDERSON, SUSAN E. 2015 S.W. 16TH AVE P. O. BOX 100126 N/A DEPT. SACS GAINESVILLE FL 32610	81 Name DUTTON, JAMES T. 82 Street Address (P.O. Box Number is Not Acceptable) 2828 N.W. 142ND AVE. 83 84 City GAINESVILLE FL 85 Zip Code 32609
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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 James T. Dutton **JAMES T. DUTTON TREASURER** DATE **April 26/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, SUSAN E.	1.2 NAME	JAMES T. DUTTON
STREET ADDRESS	2562 S.W. 14TH DRIVE	1.3 STREET ADDRESS	2828 NW 142 ND AVE.
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	GAINESVILLE FL 32609
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TASH, JANINE	2.2 NAME	NICOLETTI, PAUL
STREET ADDRESS	9805 N.W. 161 ST	2.3 STREET ADDRESS	2552 S.W. 14TH DRIVE
CITY-ST-ZIP	ALACHUA FL	2.4 CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENLEY, RAY	3.2 NAME	DIRECTOR
STREET ADDRESS	10026 SW 44TH LANE	3.3 STREET ADDRESS	Baldwood MAYS, MARON
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	13703-MILL-HOPPER RD. GAINESVILLE, FL 32608
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICOLETTI, PAUL	4.2 NAME	PRE-S-ELECT
STREET ADDRESS	2552 S.W. 14TH DRIVE	4.3 STREET ADDRESS	GOLDMAN, RICHARD
CITY-ST-ZIP	GAINESVILLE FL 32608	4.4 CITY-ST-ZIP	4209 NW 37TH PLACE GAINESVILLE, FL 32606
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALDERWOOD-MAYS, MARON	5.2 NAME	Secretary
STREET ADDRESS	13703 MILLHOPPER RD	5.3 STREET ADDRESS	Duratto-Wagner, Nanette
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP	6609 SW 80th St. GAINESVILLE, FL 32608
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARBIN, MICHAEL	6.2 NAME	DIRECTOR
STREET ADDRESS	8925 SW 103RD AVENUE	6.3 STREET ADDRESS	HOLLADAY, LYNN
CITY-ST-ZIP	GAINESVILLE FL	6.4 CITY-ST-ZIP	4227 NW 20th St. GAINESVILLE, FL 32605

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: James T. Dutton **JAMES T. DUTTON** DATE **4/26/99** DAYTIME PHONE **(904) 462-7927**

CR2E037 (11/98)