

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90213 004 \*\*\*\*61.25

**DOCUMENT # 727462**

1. Entity Name

ALACHUA VETERINARY MEDICAL ASSOCIATION, INC.



Principal Place of Business

2828 NW 142ND AVE  
 GAINESVILLE FL 32609-4097  
 US

Mailing Address

2828 NW 142ND AVE  
 GAINESVILLE FL 32609-4097  
 US

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MOORE CR2E037 (11/03)

2. Principal Place of Business

4055 SW 109<sup>th</sup> Lane  
 Suite, Apt. #, etc.

3. Mailing Address

4055 SW 109<sup>th</sup> Lane  
 Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

4. FEI Number 59-1726966  
 59-1450152

Applied For

Not Applicable

Zip

34476

Country

USA

Zip

34476

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUTTON, JAMES T  
 2828 NW 142ND AVE  
 GAINESVILLE FL 32609

7. Name and Address of New Registered Agent

Name  
 Amy E. S. Stone  
 Street Address (P.O. Box Number is Not Acceptable)  
 4055 SW 109<sup>th</sup> Lane

City  
 Ocala FL Zip Code  
 34476

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Amy E. S. Stone Secretary / Treasurer Alachua VMA, INC

4/29/2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LACHER, ERICA	
STREET ADDRESS	19703 NW 20TH AVENUE	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	D	<input type="checkbox"/> Delete
NAME	NICOLETTI, PAUL	
STREET ADDRESS	2552 SW 14TH DRIVE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STONE, AMY	
STREET ADDRESS	4055 SW 109TH LANE	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALLAGHER, ALEX	
STREET ADDRESS	1034 NW 13TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	P	<input type="checkbox"/> Delete
NAME	PEARSON, MOLLY	
STREET ADDRESS	306 NW HWY 441	
CITY-ST-ZIP	MICANOPY FL 32667	
TITLE	PE	<input type="checkbox"/> Delete
NAME	NOLAN, CHAITANYA	
STREET ADDRESS	9957 SW 54TH LANE	
CITY-ST-ZIP	GAINESVILLE FL 32608	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Isis Sanchez, Isis	
STREET ADDRESS	7520 W. University Ave.	
CITY-ST-ZIP	Gainesville, FL 32607	
TITLE	PE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Borde, Davin	
STREET ADDRESS	7520 W. University Ave.	
CITY-ST-ZIP	Gainesville, FL 32607	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ch Nolan, Chaitanya	
STREET ADDRESS	9957 SW 54th Lane	
CITY-ST-ZIP	Gainesville, FL 32608	
TITLE	PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pearson, Molly	
STREET ADDRESS	306 NW HWY 441	
CITY-ST-ZIP	Micanopy, FL 32667	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Amy E. S. Stone

4/29/04

352-846-0782

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #