

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727462

FILED
Apr 11, 2005
Secretary of State

Entity Name: ALACHUA VETERINARY MEDICAL ASSOCIATION, INC.

Current Principal Place of Business:

4055 SW 109TH LANE
OCALA, FL 34476 US

New Principal Place of Business:

Current Mailing Address:

4055 SW 109TH LANE
OCALA, FL 34476 US

New Mailing Address:

FEI Number: 59-1726966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STONE, AMY ES
4055 SW 109TH LANE
OCALA, FL 34476 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LACHER, ERICA
Address: 19703 NW 20TH AVENUE
City-St-Zip: NEWBERRY, FL 32669

Title: D () Delete
Name: NICOLETTI, PAUL
Address: 2552 SW 14TH DRIVE
City-St-Zip: GAINESVILLE, FL 32608

Title: ST () Delete
Name: STONE, AMY
Address: 4055 SW 109TH LANE
City-St-Zip: OCALA, FL 34476

Title: D () Delete
Name: GALLAGHER, ALEX
Address: 1034 NW 13TH STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: PEARSON, MOLLY
Address: 306 NW HWY 441
City-St-Zip: MICANOPY, FL 32667

Title: P () Delete
Name: NOLAN, CHAITANYA
Address: 9957 SW 54TH LANE
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: LACHER, ERICA MEMB
Address: 19703 NW 20TH AVENUE
City-St-Zip: NEWBERRY, FL 32669

Title: DR (X) Change () Addition
Name: NICOLETTI, PAUL EMERITU
Address: 2552 SW 14TH DRIVE
City-St-Zip: GAINESVILLE, FL 32608

Title: ST (X) Change () Addition
Name: STONE, AMY TREAS
Address: 4055 SW 109TH LANE
City-St-Zip: OCALA, FL 34476

Title: DR (X) Change () Addition
Name: CORBETT, JULIE P ELECT
Address: 7520 W UNIVERSITY AVE
City-St-Zip: GAINESVILLE, FL 32607

Title: DR (X) Change () Addition
Name: BORDE, DAVIN PRESIDE
Address: 7520 W UNIVERSITY AVE
City-St-Zip: GAINESVILLE, FL 32607

Title: P (X) Change () Addition
Name: NOLAN, CHAITANYA P PRESI
Address: 9957 SW 54TH LANE
City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY STONE

TREA

04/11/2005

Electronic Signature of Signing Officer or Director

Date