

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 03, 2007
Secretary of State**

DOCUMENT# 727462

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: DR. () Delete
Name: JESSICA, STARR P. ELEC
Address: 4851 SW 60TH AVE
City-St-Zip: Ocala, FL 34474

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

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

Title: DR () Delete
Name: CORBETT, JULIE PRES
Address: 7520 W UNIVERSITY AVE
City-St-Zip: GAINESVILLE, FL 32607

Title: DR () Delete
Name: BORDE, DAVIN P PRES
Address: 7520 W UNIVERSITY AVE
City-St-Zip: GAINESVILLE, FL 32607

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: JESSICA, STARR PRES.
Address: 4851 SW 60TH AVE
City-St-Zip: Ocala, FL 34474

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DR (X) Change () Addition
Name: MCKINNEY, JOAN P ELECT
Address: 17949 NE 24TH AVENUE
City-St-Zip: CITRA, FL 32113

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 E. S. STONE

DR.

01/03/2007

Electronic Signature of Signing Officer or Director

Date