

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727462

FILED  
Apr 23, 2008  
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: DR. ( ) Delete  
Name: JESSICA, STARR PRES.  
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: MCKINNEY, JOAN P ELECT  
Address: 17949 NE 24TH AVENUE  
City-St-Zip: CITRA, FL 32113

Title: DR ( ) Delete  
Name: CORBETT, JULIE 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: JOAN, MCKINNEY PRES.  
Address: 306 NW HIGHWAY 441  
City-St-Zip: MICANOPY, FL 32667

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

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

Title: DR (X) Change ( ) Addition  
Name: MARON, CALDERWOOD-MAY MEMB  
Address: 3198 CR 575  
City-St-Zip: BUSHNELL, FL 33513

Title: DR (X) Change ( ) Addition  
Name: DENISE, SEUFERT P ELECT  
Address: 3558 SW ARCHER ROAD  
City-St-Zip: GAINESVILLE, FL 32608

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

I hereby certify that the information supplied with this filing does not qualify 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

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DR.

04/23/2008

\_\_\_\_\_  
Date