

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727462

FILED
Mar 30, 2011
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 (X)**

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.
Name: ALLSION, HIERS PRES.
Address: 603 N MAIN STREET
City-St-Zip: TRENTON, FL 32693 US

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

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

Title: DR
Name: ALEX, GALLAGHER MEMB
Address: 1600 SW 16TH ST
City-St-Zip: GAINESVILLE, FL 32610 US

Title: DR
Name: CASSIDY, RIST B MEMB
Address: 603 N MAIN STREET
City-St-Zip: TRENTON, FL 32693

Title: DR
Name: LINDA, MCCOLLOUGH P PRES
Address: 5231 SW 91ST DRIVE
City-St-Zip: GAINESVILLE, FL 32608

I hereby 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 all other like empowered.

SIGNATURE: AMY E. S. STONE

DR.

03/30/2011

Electronic Signature of Signing Officer or Director

_____ Date