

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 08, 2003 8:00 am
Secretary of State

0003449

DOCUMENT # 727462

1. Entity Name

ALACHUA VETERINARY MEDICAL ASSOCIATION, INC.



09-08-2003 90325 047 ****61.25

Principal Place of Business

2828 NW 142ND AVE
GAINESVILLE FL 32609-4097
US

Mailing Address

2828 NW 142ND AVE
GAINESVILLE FL 32609-4097
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1450152**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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
After September 10, 2003, min will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
NAME **DUTTON, JAMES T**
STREET ADDRESS **2828 NW 142ND AVE**
CITY-ST-ZIP **GAINESVILLE FL 32609**

TITLE **D** Change Addition
NAME **ERICA LACHER**
STREET ADDRESS **19703 NW 20th Avenue**
CITY-ST-ZIP **NEW BERRY, FL 32669**

TITLE **D** Delete
NAME **NICOLETTI, PAUL**
STREET ADDRESS **2552 SW 14TH DRIVE**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **SECRETARY/TREASURER** Change Addition
NAME **STONE, AN**
STREET ADDRESS **4055 SW 109th LANE**
CITY-ST-ZIP **OCALA, FL 34476**

TITLE **ST** Delete
NAME **WESSELMANN, M A**
STREET ADDRESS **5124 SW 86TH TERRACE**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **GALLAGHER ALEX** Change Addition
NAME **1034 NW 13th Street**
STREET ADDRESS **GAINESVILLE, FL 32601**
CITY-ST-ZIP

TITLE **DP** Delete
NAME **HOLLADAY, LYNN**
STREET ADDRESS **7615 SW 47TH LANE**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **RESIDENT** Change Addition
NAME **PEARSON, MOLLY**
STREET ADDRESS **306 NW HWY 441**
CITY-ST-ZIP **MICANOPY, FL 32667**

TITLE **T** Delete
NAME **ANDERSON, SUSAN**
STREET ADDRESS **PO BOX 100126**
CITY-ST-ZIP **GAINESVILLE FL 32610-0126**

TITLE **RESIDENT ELECT** Change Addition
NAME **NOLAN, Chaitanya**
STREET ADDRESS **9957 SW 54th LANE**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **PE** Delete
NAME **HOLLADAY, LYNN**
STREET ADDRESS **7615 SW 47TH LANE**
CITY-ST-ZIP **GAINESVILLE FL 32608**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: JAMES T DUTTON **REQUIRED DVM** 9/2/03 352-331-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)