FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:09

DOCUMENT # 732631 (7)

1. Corporation Name
BREVARD COUNTY VETERINARY MEDICAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6827 NORTH U.S. HIGHWAY 1 COCOA FL 32927	6827 NORTH U.S. HIGHWAY 1 COCOA FL 32927

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/30/1975
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-1682671 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CASLER, WILLIAM F.
502 FLORIDA NATIONAL BANK BLDG.
ST. PETERSBURG FL

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D President ☒ Change ☐ Addition
NAME	LOWRY, PATRICIA	1.2 NAME	Kaseta, Jim
STREET ADDRESS	1000 CHENEY HYW	1.3 STREET ADDRESS	1275 South Patrick Drive Suite E
CITY-ST-ZIP	TITUSVILLE FL	1.4 CITY-ST-ZIP	Satellite Beach, FL 32937
TITLE	VD	2.1 TITLE	D Vice President ☒ Change ☐ Addition
NAME	KASETA, JIM	2.2 NAME	Bordelon, Dave
STREET ADDRESS	580 ISLAND DR	2.3 STREET ADDRESS	4020 S. Babcock Street
CITY-ST-ZIP	SATELLITE BEACH FL	2.4 CITY-ST-ZIP	Melbourne, FL 32901
TITLE	SD	3.1 TITLE	D Secretary ☒ Change ☐ Addition
NAME	ELY, MARCIA	3.2 NAME	Turner, Lynn
STREET ADDRESS	1000 CHENEY HWY	3.3 STREET ADDRESS	4775 N. Harbor City Blvd
CITY-ST-ZIP	TITUSVILLE FL	3.4 CITY-ST-ZIP	Melbourne, FL 32935
TITLE	ST	4.1 TITLE	D Treasurer ☒ Change ☐ Addition
NAME	BORDELON, DAVE	4.2 NAME	Guttery, Sarah
STREET ADDRESS	4020 S BADCOCK ST	4.3 STREET ADDRESS	6827 North U.S. 1
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	Cocoa FL 32927
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: Sarah C Guttery, Mrs. 1-26-95 4076367001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00098734