

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732753

FILED  
Mar 08, 2005  
Secretary of State

**Entity Name:** FLORIDA VETERINARY MEDICAL ASSOCIATION, INC.

**Current Principal Place of Business:**

7131 LAKE ELLENOR DRIVE  
ORLANDO, FL 328095738

**New Principal Place of Business:**

**Current Mailing Address:**

7131 LAKE ELLENOR DRIVE  
ORLANDO, FL 328095738

**New Mailing Address:**

**FEI Number:** 59-0934733

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHAEFER, DONALD N CAE  
7131 LAKE ELLENOR DR.  
ORLANDO, FL 32809 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: PD ( ) Delete  
Name: DIAZ, GERARDO J  
Address: 10427 S DIXIE HIGHWAY  
City-St-Zip: MIAMI, FL 33156

Title: TD ( ) Delete  
Name: BASS, JOHN R  
Address: 5833 S RIDGEWOOD AVE  
City-St-Zip: PORT ORANGE, FL 32127

Title: MD ( ) Delete  
Name: SCHAEFER, DONALD N  
Address: 7131 LAKE ELLENOR DR.  
City-St-Zip: ORLANDO, FL

Title: VD ( ) Delete  
Name: GODFREY, ERNEST C  
Address: 8490 49TH STREET NORTH  
City-St-Zip: PINELLAS PARK, FL 33781

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: GODFREY, ERNEST C  
Address: 7791 52ND STREET  
City-St-Zip: PINELLAS PARK, FL 33781

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

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

Title: VD (X) Change ( ) Addition  
Name: SHORES, STEPHEN A  
Address: 3811 NW 13TH STREET  
City-St-Zip: GAINESVILLE, FL 32609

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DONALD N. SCHAEFER

MD

03/08/2005

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

\_\_\_\_\_  
Date