

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732753

FILED
Jan 24, 2008
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:

HINKLE, PHILIP J EXE DIR
7131 LAKE ELLENOR DR.
ORLANDO, FL 32809 US

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: PHILIP J. HINKLE

01/24/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GARDNER, GEOFFREY R
Address: 3003 BARTOW HIGHWAY SOUTH
City-St-Zip: LAKELAND, FL 33805

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: VPD () Delete
Name: BRECHIN, JAMES M
Address: 4003 COMMONS DRIVE WEST
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BRECHIN, JAMES M
Address: 4003 COMMONS DR W
City-St-Zip: DESTIN, FL 325418419

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

Title: D (X) Change () Addition
Name: HINKLE, PHILIP J
Address: 7131 LAKE ELLENOR DR.
City-St-Zip: ORLANDO, FL 32809

Title: VPD (X) Change () Addition
Name: SHANK, JERRY P
Address: 3225 N ANDREWS AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33309

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: PHILIP J. HINKLE

D

01/24/2008

Electronic Signature of Signing Officer or Director

Date