

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732753

FILED  
Feb 11, 2009  
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:**

HINKLE, PHILIP J EXE DIR  
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: BRECHIN, JAMES M  
Address: 4003 COMMONS DR W  
City-St-Zip: DESTIN, FL 325418419

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

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

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

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

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

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

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

Title: VPD (X) Change ( ) Addition  
Name: HASSE, JAN M  
Address: 4535 BEE RIDGE RD  
City-St-Zip: SARASOTA, FL 34233

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

02/11/2009

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

\_\_\_\_\_  
Date