

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732753

**FILED**  
**Feb 16, 2011**  
**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  
Name: HASSE, JAN M  
Address: 4535 BEE RIDGE RD  
City-St-Zip: SARASOTA, FL 34233

Title: TD  
Name: WILLIAMS, RICHARD B  
Address: 12134 FORT CAROLINE RD  
City-St-Zip: JACKSONVILLE, FL 32225

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

Title: VPD  
Name: KANZLER, JAMES A  
Address: 2910 MANATEE AVENUE, WEST  
City-St-Zip: BRADENTON, FL 34205

I hereby 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 all other like empowered.

SIGNATURE: PHILIP J. HINKLE

D

02/16/2011

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

\_\_\_\_\_  
Date