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NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 733553 (2)

1. Corporation Name

FLORIDA ASSOCIATION OF VETERINARY MEDICAL TECHIN CIANS, INC

Principal Place of Business	Mailing Address
P.O. BOX 21108 ST. PETERSBURG FL 33742	P.O. BOX 21108 ST. PETERSBURG FL 33742 US

3. Date Incorporated or Qualified: 08/13/1975

3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-1661984	☐ Applied For ☐ Not Applicable
21 N/A	26 P.O. Box 21108		
Suite, Apt. #, etc. 22 N/A	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 N/A	City & State 28 St. Petersburg, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 N/A / 25 N/A	Zip / Country 29 33742 / 30 US	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PRESTON, KAREN		1.2 NAME		
STREET ADDRESS	913 LEONA DR SW		1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BROCKWAY, LINDA		2.2 NAME		
STREET ADDRESS	538 PATRICIA AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL		2.4 CITY-ST-ZIP		
TITLE	PD	☑ DELETE	3.1 TITLE	[redacted]	☑ Change ☐ Addition
NAME	GARIANO, SHARON		3.2 NAME		
STREET ADDRESS	4681 78TH AVE. N		3.3 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE	PD	☑ Change ☐ Addition
NAME	SHALOR, SUSIE		4.2 NAME		
STREET ADDRESS	P.O. BOX 274 N/A		4.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	VD	☐ Change ☑ Addition
NAME			5.2 NAME	Michael Patrick, Jr.	
STREET ADDRESS			5.3 STREET ADDRESS	305 W. Genesse St.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Tampa, FL 33603	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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 on an attachment with an address.

SIGNATURE: Karen Preston KAREN PRESTON 7/11/96 (813)587-9949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #