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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 733553 (2)

1. Corporation Name

FLORIDA ASSOCIATION OF VETERINARY MEDICAL TECHNICIANS, INC

Principal Place of Business	Mailing Address
P.O. BOX 21108 ST. PETERSBURG FL 33742	P.O. BOX 21108 ST. PETERSBURG FL 33742-1108 US

3. Date Incorporated or Qualified: 08/13/1975
3a. Date of Last Report: 07/18/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-1661984 ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	Charlene Pla	
STREET ADDRESS	913 LEONA DR SW		1.3 STREET ADDRESS	2305 W. Powhattan Ave	
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST-ZIP	Tampa, Fl 33603	
TITLE	SD	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	BROCKWAY, LINDA		2.2 NAME	Valerie Myers	
STREET ADDRESS	538 PATRICIA AVENUE		2.3 STREET ADDRESS	6220 Pershing St. NE	
CITY-ST-ZIP	DUNEDIN FL		2.4 CITY-ST-ZIP	St. Petersburg, Fl 33702	
TITLE	VD	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	PATRICK, MICHAEL JR		3.2 NAME		
STREET ADDRESS	305 W GENNESSEE ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33603		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☑ Change ☐ Addition
NAME	SHALOR, SUSIE		4.2 NAME	Michael Patrick	
STREET ADDRESS	P.O. BOX 274 N/A		4.3 STREET ADDRESS	305 W. Gennessee St.	
CITY-ST-ZIP	LUTZ FL		4.4 CITY-ST-ZIP	Tampa, Fl 33603	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
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 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Charlene Pla TITLED 3/29/97 874-6090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0051454