2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008
Secretary of State

DOCUMENT# 736163

Entity Name: AUXILIARY TO FLORIDA VETERINARY MEDICAL ASSOCIATION, INC.

Current Principal Place of Business:

7131 LAKE ELLENOR DR
ORLANDO, FL 328095738 US

New Principal Place of Business:

Current Mailing Address:

7131 LAKE ELLENOR DR
ORLANDO, FL 32809

New Mailing Address:

7131 LAKE ELLENOR DR
ORLANDO, FL 328095738 US

FEI Number: 59-1690662 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHAFFER, DONALD N CAE
7131 LK ELLENOR DR
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

HINKLE, PHILIP ED
7131 LK 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 HINKLE 01/24/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CAROL, JONES
Address: 2090 DOUBLE CREEK LANE
City-St-Zip: ALPHARETTA, GA 30004

Title: VPD ( ) Delete
Name: REYNOLDS, BARBARA
Address: 780 CAPE VIEW DR.
City-St-Zip: FT. MYERS, FL 33919

Title: D ( ) Delete
Name: SCHAEFER, DONALD
Address: 7131 LAKE ELLENOR DRIVE
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 HINKLE D 01/24/2008
Electronic Signature of Signing Officer or Director — Date