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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 3:58

DOCUMENT # **736759** **(2)**

1. Corporation Name

UNIVERSITY OF FLORIDA VETERINARY AUXILIARY, INCO RPORATED

Principal Place of Business	Mailing Address
2222 NW 20 TERRACE GAINESVILLE FL 32605 US	2222 NW 20 TERRACE GAINESVILLE FL 32608 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/07/1976
3a. Date of Last Report: 04/06/1994
4. FEI Number: 51-0203870 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 3636 NW 24 PLACE	26 3636 NW 24 PLACE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 GAINESVILLE FL	28 GAINESVILLE FL
24 Zip 32605 / 25 Country US	29 Zip 32605 / 30 Country US

9. Name and Address of Current Registered Agent

BUERGELT, NANCY
2222 NW 20 TERRAC
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

81 Name: ROWE, CHERYL
82 Street Address (P.O. Box Number is Not Acceptable): 3636 NW 24 PLACE
83
84 City: GAINESVILLE FL 85 Zip Code: 32605

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Cheryl Ann Rowe — CHERYL ROWE — March 27, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE	TD	☒ Change ☐ Addition
NAME	BUERGELT, NANCY	1.2 NAME	ROWE, CHERYL	
STREET ADDRESS	2222 NW 20 TERRACE	1.3 STREET ADDRESS	3636 NW 24 PL	
CITY-ST-ZIP	GAINESVILLE, FL 00000	1.4 CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	PD	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	HAWKINS, LISA	2.2 NAME	GIBBS, CHRIS	
STREET ADDRESS	10251 SW 55 LANE	2.3 STREET ADDRESS	3650 NW 30 PL	
CITY-ST-ZIP	GAINESVILLE, FL 00000	2.4 CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	VPD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	GIBBS, CHRIS	3.2 NAME	NICOLETTI, EARLENE	
STREET ADDRESS	3650 NW 30 PLACE	3.3 STREET ADDRESS	2552 SW 14 DR	
CITY-ST-ZIP	GAINESVILLE, FL 00000	3.4 CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	RSD	4.1 TITLE		☐ Change ☐ Addition
NAME	CHENOWETH, LEE	4.2 NAME		
STREET ADDRESS	31131 NW 9 PLACE	4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 00000	4.4 CITY-ST-ZIP		
TITLE	SD	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	CLRE ASBURY	5.2 NAME	BLOOMBERG, ANN	
STREET ADDRESS	1708 S.W. 117 STREET	5.3 STREET ADDRESS	ROUTE 2, BOX 2085	
CITY-ST-ZIP	GAINESVILLE, FL 00000	5.4 CITY-ST-ZIP	MELROSE, FL 32666	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: Lee Chenoweth — LEE CHENOWETH — 3/27/95 — 334-2940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000755