

FILE NOW: FILING FEE IS \$61.25

FILED

May 22 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 # 736759 (2)

1. Corporation Name

UNIVERSITY OF FLORIDA VETERINARY AUXILIARY, INCO  
RPORATED

Principal Place of Business

Mailing Address

3636 NW 24 PL  
GAINESVILLE FL 32605  
US

3636 NW 24 PL  
GAINESVILLE FL 32605-2626  
US



3. Date Incorporated or Qualified  
09/07/1976

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 2552 S.W. 14th DR  
Suite, Apt. #, etc.

26 2552 S.W. 14th DR  
Suite, Apt. #, etc.

4. FEI Number  
51-0203870

Applied For  
Not Applicable

22 Gainesville FL  
City & State

27 Gainesville FL  
City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 32608 U.S.  
Zip Country

28 32608 U.S.  
Zip Country

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

10. Name and Address of New Registered Agent

ROWE, CHERYL  
3636 NW 24 PL  
GAINESVILLE FL 32605

81 Name EARLENE NICOLETTI

82 Street Address (P.O. Box Number is Not Acceptable)  
2552 S.W. 14th DR

83

84 City GAINESVILLE FL 85 Zip Code 32608

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 Earlene Nicoletti

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 TDVD ☒ DELETE  
NAME ROWE, CHERYL  
STREET ADDRESS 3636 NW 24 PL  
CITY-ST-ZIP GAINESVILLE, FL 00000

1.1 TITLE PD ☐ Change ☐ Addition  
1.2 NAME CHERYL ROWE  
1.3 STREET ADDRESS 3636 NW 24 PL  
1.4 CITY-ST-ZIP GAINESVILLE FL 32608

TITLE PD ☒ DELETE  
NAME NICOLETTI, EARLENE  
STREET ADDRESS 2552 SW 14 DR  
CITY-ST-ZIP GAINESVILLE, FL 00000

2.1 TITLE T ☐ Change ☐ Addition  
2.2 NAME EARLENE NICOLETTI  
2.3 STREET ADDRESS 2552 SW 14th DR  
2.4 CITY-ST-ZIP GAINESVILLE FL 32608

TITLE SDRS ☐ DELETE  
NAME LISA HAWKINS  
STREET ADDRESS 10251 SW 55TH LANE  
CITY-ST-ZIP GAINESVILLE FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: Earlene Nicoletti

5/17/97

375-2453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0010057

CR2E037 (9/96)