

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763978

FILED
Apr 28, 2009
Secretary of State

Entity Name: EASTERN STATES VETERINARY ASSOCIATION, INC.

Current Principal Place of Business:

5003 SW 41ST BLVD
GAINESVILLE, FL 32608 US

New Principal Place of Business:

Current Mailing Address:

5003 SW 41ST BLVD
GAINESVILLE, FL 32608 US

New Mailing Address:

FEI Number: 59-2243237 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

F & L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: RIPPIE, EARL H DVM
Address: 6717 CRESCENT BLVD. RT 130
City-St-Zip: PENNSAUKEN, NJ 08110 US

Title: PD () Delete
Name: HARRIS, DONALD J DVM
Address: 12125 S. DIXIE HWY
City-St-Zip: MIAMI, FL 33156 US

Title: VD () Delete
Name: GAUGHAN, EARL M DVM
Address: 8025 S SANTE FE DRIVE
City-St-Zip: LITTLETON, CO 80124 US

Title: D () Delete
Name: JOHNSON, LYNNE LVT
Address: 1200 SALT MARSH CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: VD () Delete
Name: MADER, DOUGLAS DVM
Address: 11187 OVERSEAS HIGHWAY
City-St-Zip: MARATHON KEY, FL 33050 US

Title: D () Delete
Name: RIDDELL, M. GATZ DVM
Address: 1474 FERNDALE DRIVE
City-St-Zip: AUBURN, AL 36832 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: HARRIS, DONALD J DVM
Address: 12125 S. DIXIE HWY
City-St-Zip: MIAMI, FL 33156 US

Title: PD (X) Change () Addition
Name: GAUGHAN, EARL M DVM
Address: 8025 S SANTE FE DRIVE
City-St-Zip: LITTLETON, CO 80124 US

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

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

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

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: EARL H RIPPIE

SEC

04/28/2009

Electronic Signature of Signing Officer or Director

Date