

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 763978

**FILED**  
**Apr 15, 2011**  
**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  
**Name:** RIPPIE, EARL H DVM  
**Address:** 6717 CRESCENT BLVD. RT 130  
**City-St-Zip:** PENNSAUKEN, NJ 08110 US

**Title:** P  
**Name:** KADDATZ, LAUREL A DVM  
**Address:** 35 WESTCHESTER AVE  
**City-St-Zip:** POUND RIDGE, NY 10576 US

**Title:** D  
**Name:** GAUGHAN, EARL M DVM  
**Address:** 8025 S SANTE FE DRIVE  
**City-St-Zip:** LITTLETON, CO 80124 US

**Title:** D  
**Name:** JOHNSON, LYNNE LVT  
**Address:** 1399 MATTINGLY ROAD  
**City-St-Zip:** HINCKLEY, OH 44233 US

**Title:** D  
**Name:** MADER, DOUGLAS DVM  
**Address:** 11187 OVERSEAS HIGHWAY  
**City-St-Zip:** MARATHON KEY, FL 33050 US

**Title:** VD  
**Name:** RIDDELL, M. GATZ DVM  
**Address:** 1474 FERNDAL DRIVE  
**City-St-Zip:** AUBURN, AL 36832 US

I hereby 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 all other like empowered.

**SIGNATURE:** EARL H RIPPIE

STD

04/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date