

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763978

FILED
Apr 16, 2012
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: D
Name: KADDATZ, LAUREL A DVM
Address: 35 WESTCHESTER AVE
City-St-Zip: POUND RIDGE, NY 10576 US

Title: VD
Name: LACROIX, CHARLOTTE DVM, JD
Address: BLDG E SUITE 1403, 361 ROUTE 31
City-St-Zip: FLEMINGTON, NJ 08822 US

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

Title: D
Name: LECOUEUR, RICHARD BVSC
Address: 24319 FAIRWAY DRIVE
City-St-Zip: DAVIS, CA 95616 US

Title: PD
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

04/16/2012

Electronic Signature of Signing Officer or Director

_____ Date