

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90027 012 ***150.00

DOCUMENT # F98833

1. Entity Name
VMD ASSOCIATES, INC.



Principal Place of Business
PO BOX 4118
PENSACOLA, FL 32507

Mailing Address
PO BOX 4118
PENSACOLA, FL 32507

60015565



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302006 Chg-P- CR2E034 (11/05)

City & State

City & State

4. FEI Number.

59-2223052

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ASHLEY, SHELLY
6448 E BAY BLVD
GULF BREEZE, FL 32563

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME BELCHER, WALLACE R DVM
STREET ADDRESS 711 NORTH FAIRFILLE DRIVE
CITY-ST-ZIP PENSACOLA, FL 32506

TITLE VPD ☐ Delete
NAME CALLOWAY, SUE DVM
STREET ADDRESS 4190 BAUER ROAD
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE ST ☐ Delete
NAME STEWART, JEANNE DVM
STREET ADDRESS 10229 CHERNSTRAND ROAD
CITY-ST-ZIP PENSACOLA, FL

TITLE ST ☐ Delete
NAME ASHLEY, SHELLY
STREET ADDRESS 6448 EAST BAY BOULEVARD
CITY-ST-ZIP PACE, FL

TITLE PD ☐ Delete
NAME HILLMAN, ANDY
STREET ADDRESS 2101 NORTH RALAFAX
CITY-ST-ZIP PENSACOLA, FL 32501

TITLE D ☐ Delete
NAME MORGAN, MICHAEL K DVM
STREET ADDRESS 2433 E. LANGLEY AVENUE
CITY-ST-ZIP PENSACOLA, FL 32504

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Shelly Ashley DVM

2/8/06

850 479-2222