

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

**DOCUMENT #**

**K47762**

1. Corporation Name

**Veterinary Consortium, Inc.**

**00 MAY -1 AM 9:43**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**4496 Southside Blvd.  
Suite 200  
Jacksonville, FL 32216  
US**

**4496 Southside Blvd.  
Suite 200  
Jacksonville, FL 32216  
US**

**600003259366--8  
-05/19/00-01103-032  
\*\*\*\*900.00 \*\*\*\*900.00**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
**3101 Plummer Cove Road  
Suite, Apt. #, etc.**

3. New Mailing Office Address, If Applicable  
**3101 Plummer Cove Road  
Suite, Apt. #, etc.**

4. Date Incorporated or Qualified  
To Do Business in Florida **11/29/88**

5. FEI Number **65-0084670**  
Applied For ☐  
Not Applicable ☒

City & State  
**Jacksonville, Florida**

City & State  
**Jacksonville, Florida**

Zip **32223**  
Country **US**

Zip **32223**  
Country **US**

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required  
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DPST	Katherine J. Masse	3101 Plummer Cove Road	Jacksonville, Florida 32223
DVP	Allen D. Suggs, Jr.	86400 Phillips Hwy., Suite 20	Jacksonville, Florida 32256
DVPAS	Anna K. Maxwell	3101 Plummer Cove Road	Jacksonville, Florida 32223

**REINSTATEMENT**

*Handwritten signature/initials*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Allen D. Suggs  
4496 Southside Blvd.  
Suite 200  
Jacksonville, FL 32216**

Name **Mary A. Robison**  
Street Address (P.O. Box Number is Not Acceptable)  
**One Independent Drive, Suite 2600**  
Suite, Apt. #, Etc.  
City **Jacksonville** State **FL** Zip Code **32202**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent *Mary A. Robison*  
REGISTERED AGENT MUST SIGN

Date **4/27/00**

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

**SIGNATURE:**

*Katherine J. Masse*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Katherine J. Masse**

**04/27/00**  
Date

**(904) 268-8600**  
Daytime Phone #

CR2E081 (1/2/98)