FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 25 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N30549** **(2)**

1. Corporation Name

CHARLOTTE VETERINARY MEDICAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
CHAR/DESOTO/SAM SARASONA 3802 TAMIAMI TRL PORT CHARLOTTE FL 33952 US	1825 TAMIAMI TRAIL A-2 PORT CHARLOTTE FL 33952 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/07/1989
3a. Date of Last Report: 08/30/1994
4. FEI Number: NOT APPLICABLE — Applied For ☐ Not Applicable ☐

2. Principal Place of Business	2a. Mailing Address
21	26 23041 HARBORVIEW RD.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 CHARLOTTE, HARBOR, FL
Zip 24 / Country 25	Zip 29 33980 / Country 30 USA

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HOLT, ANITA S
1825 TAMIAMI TRAIL
A-2
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name: DENNIS McDONOUGH, D.V.M.
82 Street Address (P.O. Box Number is Not Acceptable): CHARLOTTE ANIMAL HOSP.
83: 23041 HARBORVIEW ROAD
84 City: CHARLOTTE HARBOR, 85 FL Zip Code: 33980

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Dennis McDonough DVM — 4-14-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	KINGSBURY, SHELLY	12 NAME	ANITA S. HOLT, VMD	
STREET ADDRESS	25120 MARION AVE.	13 STREET ADDRESS	1825 TAMIAMI TRAIL A-2	
CITY-ST-ZIP	PUNTA GORDA FL	14 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	PED	21 TITLE	PED	☒ Change ☐ Addition
NAME	HOLT, ANITA	22 NAME	DENNIS McDONOUGH, DVM	
STREET ADDRESS	21293 COVINGTON AVE.	23 STREET ADDRESS	23041 HARBORVIEW RD.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	24 CITY-ST-ZIP	CHARLOTTE HARBOR, FL 33980	
TITLE	SD	31 TITLE	SD	☒ Change ☐ Addition
NAME	FLORE, CINDY	32 NAME	KYM VANORSDELL, V.M.D.	
STREET ADDRESS	3802 TAMIAMI TR.	33 STREET ADDRESS	1700 TAMIAMI TRAIL E-1	
CITY-ST-ZIP	PORT CHARLOTTE FL	34 CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	
TITLE	TD	41 TITLE	TD	☒ Change ☐ Addition
NAME	MCDONOUGH, DENNIS	42 NAME	JOHN GURLAND, D.V.M.	
STREET ADDRESS	23041 HARBORVIEW RD.	43 STREET ADDRESS	1780 S. MCCALL RD.	
CITY-ST-ZIP	PT CHARLOTTE FL	44 CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP	DEPOSITED BY BAC	4/4/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Anita S. Holt VMD — 3/28/95 — (813) 624-4004
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0081006