

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N30549 (2)
1. Corporation Name
CHARLOTTE VETERINARY MEDICAL ASSOCIATION, INC.



Principal Place of Business
CHAR/DESOTO/SAM SARASONA
3802 TAMAMI TRL
PORT CHARLOTTE FL 33952
US

Mailing Address
23041 HARBORVIEW RD
CHARLOTTE HARBOR FL 33980
US

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
26 13608 Tamiami TR
27 Suite, Apt. #, etc.
28 North Port, FL
29 34287
30 USA

3. Date Incorporated or Qualified 02/07/1989
3a. Date of Last Report 04/25/1995
4. FEI Number NOT APPLICABLE
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
MCDONOUGH, DENNIS D.V.M.
CHARLOTTE ANIMAL HOSP.
23041 HARBORVIEW ROAD
CHARLOTTE HARBOR FL 33980

10. Name and Address of New Registered Agent
81 Name MARK Stancil DVM
82 Street Address (P.O. Box Number is Not Applicable) 13608 Tamiami Trail
83
84 City North Port FL 85 Zip Code 34287

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Mark Stancil DVM DATE 7/31/96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE PD
NAME HOLT, ANITA S., VMD
STREET ADDRESS 1825 TAMAMI TRAIL A-2
CITY-ST-ZIP PORT CHARLOTTE FL
TITLE PED
NAME MCDONOUGH, DENNIS DVM
STREET ADDRESS 23041 HARBORVIEW RD
CITY-ST-ZIP CHARLOTTE HARBOR FL
TITLE SD
NAME VANORSDELL, KYM VMD
STREET ADDRESS 1700 TAMAMI TRAIL E-1
CITY-ST-ZIP PORT CHARLOTTE FL
TITLE TD
NAME GURLAND, JOHN DVM
STREET ADDRESS 1780 S MCCALL RD
CITY-ST-ZIP ENGLEWOOD FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PD
1.2 NAME Dennis McDonough DVM
1.3 STREET ADDRESS 23041 Harborview Rd
1.4 CITY-ST-ZIP Charlotte Harbor, FL 33980
2.1 TITLE PED
2.2 NAME Jack Landers
2.3 STREET ADDRESS 1780 S. McCall Rd
2.4 CITY-ST-ZIP Englewood FL 34223
3.1 TITLE SD
3.2 NAME Kym Vanorsdell VMD
3.3 STREET ADDRESS 1700 Tamiami Tr. E-1
3.4 CITY-ST-ZIP Port Charlotte, FL
4.1 TITLE TD
4.2 NAME Mark Stancil DVM
4.3 STREET ADDRESS 13608 Tamiami Tr.
4.4 CITY-ST-ZIP North Port, FL 34287
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
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***61.25

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)(k), 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: Dennis M McDonough DVM DATE 7-11-96 DAYTIME PHONE # 941-625-6111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Dennis M McDonough DVM
05/8/96 0013942

CR2E037 (3/96)