

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 16 1997 8:00am
Secretary of State

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
**13608 TAMAMI TR
NORTH PORT FL 34287-2055
US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/07/1989		3a. Date of Last Report 08/08/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**STANCIL, MARK DVM
13608 TAMAMI TRAIL
NORTH PORT FL 34287**

81. Name		10. Name and Address of New Registered Agent	
82. Street Address (P.O. Box Number is Not Acceptable)			
83.			
84. City		85. Zip Code	
		FL	

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

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	PE D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANDESS, JACK			1.2 NAME	Andrea Bivens D.V.M.		
STREET ADDRESS	1780 S. MC CALL RD			1.3 STREET ADDRESS	2716 Tamiami Trail		
CITY-ST-ZIP	ENGLEWOOD FL 34223			1.4 CITY-ST-ZIP	Port Charlotte, FL 33952		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCDONOUGH, DENNIS DVM			2.2 NAME	Mark Stancil D.V.M.		
STREET ADDRESS	23041 HARBORVIEW RD			2.3 STREET ADDRESS	13608 Tamiami Trail		
CITY-ST-ZIP	CHARLOTTE HARBOR FL			2.4 CITY-ST-ZIP	North Port, FL 34287		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VANORSDELL, KYM VMD			3.2 NAME	John Gurland D.V.M.		
STREET ADDRESS	1700 TAMAMI TRAIL E-1			3.3 STREET ADDRESS	1780 McCall Rd. S.		
CITY-ST-ZIP	PORT CHARLOTTE FL			3.4 CITY-ST-ZIP	Englewood, FL		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STANCIL, MARK DVM			4.2 NAME	Gary Myers D.V.M.		
STREET ADDRESS	13608 TAMAMI TR			4.3 STREET ADDRESS	941 Tamiami Trail		
CITY-ST-ZIP	NORTH PORT FL 34287			4.4 CITY-ST-ZIP	Port Charlotte, FL		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing 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:

Mark Stancil
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/97 *941 426 6882*
Date Daytime Phone # **0064554**

CR2E037 (9/96)