


FILE NOW: FILING FEE IS \$61.25

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Apr 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northon</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N30549** (2)  
1. Corporation Name  
**CHARLOTTE VETERINARY MEDICAL ASSOCIATION, INC.**



Principal Place of Business  
**CHAR/DESOTO/SAM SARASONA  
3902 TAMAMI TRL  
PORT CHARLOTTE FL 33952  
US**

Mailing Address  
**13808 TAMAMI TR  
NORTH PORT FL 34287  
US**

3. Date Incorporated or Qualified <b>02/07/1989</b>	
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. <b>2716 Tamiami Trail</b>	26 Suite, Apt. #, etc. <b>P.O. Box 2927</b>
22 City & State <b>Pt Charlotte, FL</b>	27 City & State <b>Pt Charlotte, FL</b>
23 Zip <b>33952</b>	28 Zip <b>33949</b>
24 Country <b>USA</b>	29 Country <b>USA</b>

9. Name and Address of Current Registered Agent <b>STANCL, MARK DVM 13808 TAMAMI TRAIL NORTH PORT FL 34287</b>	10. Name and Address of New Registered Agent 81 Name <b>Andrea Bivens, DVM</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2716 Tamiami Trail</b> 83 84 City <b>Pt. Charlotte</b> FL 85 Zip Code <b>33952</b>
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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 **Andrea J. Bivens, DVM** **Andrea J. Bivens, DVM** DATE **1/16/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.1 NAME
NAME	STREET ADDRESS	1.2 NAME	1.2 STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	1.3 CITY-ST-ZIP	1.3 CITY-ST-ZIP
TITLE	NAME	2.1 TITLE	2.1 NAME
NAME	STREET ADDRESS	2.2 NAME	2.2 STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	2.3 CITY-ST-ZIP	2.3 CITY-ST-ZIP
TITLE	NAME	3.1 TITLE	3.1 NAME
NAME	STREET ADDRESS	3.2 NAME	3.2 STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	3.3 CITY-ST-ZIP	3.3 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.1 NAME
NAME	STREET ADDRESS	4.2 NAME	4.2 STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	4.3 CITY-ST-ZIP	4.3 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.1 NAME
NAME	STREET ADDRESS	5.2 NAME	5.2 STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	5.3 CITY-ST-ZIP	5.3 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.1 NAME
NAME	STREET ADDRESS	6.2 NAME	6.2 STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	6.3 CITY-ST-ZIP	6.3 CITY-ST-ZIP

14. I 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: **Andrea J. Bivens, DVM** **Andrea J. Bivens, DVM** DATE **1/16/98** (941) 629-2126

CR2E037 (10/97)