2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#712752

FILED Aug 24, 2005 Secretary of State

Entity Name: SOUTHWEST FLORIDA VETERINARY MEDICAL ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

JEANETTE COLE JEANETTE COLE 5837 BENEVA WOODS CIRCLE 2031 BISPHAM ROAD SARASOTA, FL 34233 SARASOTA, FL 34231

Current Mailing Address: New Mailing Address:

JEANETTE COLE 5837 BENEVA WOODS CIRCLE SARASOTA, FL 34233

FEI Number: 59-2316368 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COLE, JEANETTE 4637 BENEVA WOODS CIRCLE SARASOTA, FL 34233

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition SMITH, THOM SMITH, THOM Name: Name: 4728 CLARK RD. Address: 5728 CLARK RD. Address: City-St-Zip: SARASOTA, FL 34233 City-St-Zip: SARASOTA, FL 34233

Title: () Delete Title: (X) Change () Addition Name:

COLE, JEANETTE Name: COLE, JEANETTE Address: 2031 BISPHAM RD Address: 2031 BISPHAM RD City-St-Zip: SARASOTA, FL 34231 City-St-Zip: SARASOTA, FL 34231

Title: () Delete Title: (X) Change () Addition

EGAN, HEATHER ANDRE, EVELYN Name: Name: 7616 2ND AVE W 6505 TAEDA DRIVE Address: Address: City-St-Zip: BRADENTON, FL 34209 City-St-Zip: SARASOTA, FL 34241

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVELYN ANDRE ST 08/24/2005