2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT#712752

FILED Mar 25, 2009 Secretary of State

Entity Name: SOUTHWEST FLORIDA VETERINARY MEDICAL ASSOCIATION, INC.

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

JEANETTE COLE ANNE CHAUVET
2031 BISPHAM ROAD 3900 CLARK ROAD M4

SARASOTA, FL 34231 US SARASOTA, FL 34233 US

Current Mailing Address: New Mailing Address:

JEANETTE COLE ANNE CHAUVET

5837 BENEVA WOODS CIRCLE 3900 CLARK ROAD M4 SARASOTA, FL 34233 US SARASOTA, FL 34233 US

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 CHAUVET, ANNE E
4637 BENEVA WOODS CIRCLE 3900 CLARK ROAD M4
SARASOTA, FL 34233 US SARASOTA, FL 34233 US

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: ANNE CHAUVET 03/25/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 ANDRE, EVELYN
 Name:
 SMITH, DAVID

 Address:
 6505 TAEDA DR
 Address:
 4019 CATTLEMAN ROAD

 City-St-Zip:
 SARASOTA, FL 34241
 City-St-Zip:
 SARASOTA, FL 34233

 Name:
 SMITH, DAVID
 Name:
 CHAUVET, ANNE

 Address:
 4019 CATTLEMAN ROAD
 Address:
 3900 CLARK ROAD

 City-St-Zip:
 SARASOTA, FL 34233
 City-St-Zip:
 SARASOTA, FL 34233

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

 Name:
 HARMAN, CINDY
 Name:
 IVEY, SHANNON

 Address:
 4920 HIGEL AVE.
 Address:
 3900 CLARK ROAD M4

 City-St-Zip:
 SARASOTA, FL 34242
 City-St-Zip:
 SARASOTA, FL 34233

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

 Name:
 Name:
 COLE, KATE

 Address:
 Address:
 2031 BISPHAM ROAD

 City-St-Zip:
 City-St-Zip:
 SARASOTA, FL 34231

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ANNE CHAUVET VP 03/25/2009