2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2010
Secretary of State

DOCUMENT# 712752

Entity Name: SOUTHWEST FLORIDA VETERINARY MEDICAL ASSOCIATION, INC.

Current Principal Place of Business:

ANNE CHAUVET
3900 CLARK ROAD M4
SARASOTA, FL 34233 US

New Principal Place of Business:

SHANNON IVEY
4692 LONG LAKE DR
SARASOTA, FL 34233 US

Current Mailing Address:

ANNE CHAUVET
3900 CLARK ROAD M4
SARASOTA, FL 34233 US

New Mailing Address:

SHANNON IVEY
4692 LONG LAKE DR
SARASOTA, FL 34233 US

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

Name and Address of Current Registered Agent:

CHAUVET, ANNE E
3900 CLARK ROAD M4
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

IVEY, SHANNON R
4692 LONG LAKE DR
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: SHANNON R IVEY 04/11/2010
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: SMITH, DAVID
Address: 4019 CATTLEMAN ROAD
City-St-Zip: SARASOTA, FL 34233

Title: VP
Name: IVEY, SHANNON R
Address: 4692 LONG LAKE DR
City-St-Zip: SARASOTA, FL 34233

Title: ST
Name: COLE, KATE
Address: 2031 BISPHAM RD
City-St-Zip: SARASOTA, FL 34231

Title: ML
Name: HODGSON, MARIO
Address: 7509 S. TAMIAMI TR
City-St-Zip: SARASOTA, FL 34231

I hereby 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 all other like empowered.

SIGNATURE: SHANNON R IVEY VP 04/11/2010
Electronic Signature of Signing Officer or Director Date