

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90222 023 ****70.00

DOCUMENT # 712752

1. Entity Name
SOUTHWEST FLORIDA VETERINARY MEDICAL ASSOCIATION, INC.



Principal Place of Business

**420 ANCHORAGE DRIVE
NOKOMIS FL 34275
US**

Mailing Address

**420 ANCHORAGE DRIVE
NOKOMIS FL 34275
US**

2. Principal Place of Business

**4411 BEE RIDGE RD
Suite, Apt. #, etc.
256**

3. Mailing Address

**4411 BEE RIDGE RD
Suite, Apt. #, etc.
256**

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number **59-2316368**

Applied For

Not Applicable

Zip

34233

Country

US

Zip

34233

Country

US

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, THOM A
4310 EASTERN PKWY
SARASOTA FL 34233**

7. Name and Address of New Registered Agent

Name **SMITH, THOM A**
Street Address (P.O. Box Number is Not Acceptable)
4535 BEE RIDGE RD
City **SARASOTA** FL Zip Code **34233**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Thom A. Smith **THOM A. SMITH**

4/6/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PUTNAM, LAURIE D 218 LAUREL HOLLOW DR NOKOMIS FL 34275	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MALD SMITH, THOM 4310 EASTERN PKWY SARASOTA FL 34232	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ANDRE, EVELYN 720 N TAMiami TRAIL NOKOMIS FL 34275	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HAMERSMA, HEATHER 7616 2ND AVE W BRADENTON FL 34209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD SMITH, THOM A 4535 BEE RIDGE RD SARASOTA FL 34233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MALD Cole, Jeanette 2031 Bispham Rd Sarasota FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thom A. Smith **THOM A. SMITH**

4/6/03

941 356 7422

CR2E037 (10/02)