

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713921

FILED
Apr 29, 2009
Secretary of State

Entity Name: PALM BEACH VETERINARY SOCIETY, INC.

Current Principal Place of Business:

7 HAZZARD ST.
WEST PLAM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

7 HAZZARD ST.
WEST PLAM BEACH, FL 33406

New Mailing Address:

FEI Number: 59-2349607

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, SCOTT DVM
7 HAZZARD STREET
WEST PALM BEACH, FL 33406 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: OBERG, JEAN M DV
Address: 1263 SNOWBELL PLACE
City-St-Zip: WELLINGTON, FL 33414

Title: VP () Delete
Name: ROY, ROBERT DVM
Address: 3092 FOREST HILL BLVD
City-St-Zip: WEST PLAM BEACH, FL 33406

Title: TRES () Delete
Name: MILLER, SCOTT DVM
Address: 7 HAZZARD STREET
City-St-Zip: WEST PALM BEACH, FL 33406

Title: SECT () Delete
Name: PATRICIA, FORSYTHE VMD
Address: 1011N. STATE RD 7
City-St-Zip: ROYAL PALM, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: H. SCOTT MILLER

TRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date