

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734195

FILED  
Mar 11, 2009  
Secretary of State

**Entity Name:** THE SOUTH FLORIDA VETERINARY MEDICAL ASSOCIATION, INC.

**Current Principal Place of Business:**

S FLORIDA VMA  
12900 SW 87TH AVE  
MIAMI, FL 33176 US

**New Principal Place of Business:**

**Current Mailing Address:**

S FLORIDA VMA  
12900 SW 87TH AVE  
MIAMI, FL 33176 US

**New Mailing Address:**

**FEI Number:** 59-1644332      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

TODD, RONALD W.  
10922 SW 135 PLACE  
MIAMI, FL 33186 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: S ( ) Delete  
Name: GLASS, STANLEY  
Address: 4701 S.W. 84TH PLACE  
City-St-Zip: MIAMI, FL 33176 US

Title: D ( ) Delete  
Name: IBANEZ, JULIO  
Address: 10575 SW 186 STREET  
City-St-Zip: MIAMI, FL 33157 US

Title: T ( ) Delete  
Name: TODD, RON  
Address: 12900 SW 87TH AVENUE  
City-St-Zip: MIAMI, FL 33176 US

Title: D ( ) Delete  
Name: CABEZA, ANJANETTE  
Address: 9589 NW 41ST  
City-St-Zip: DORAL, FL 33178 US

Title: VP ( ) Delete  
Name: FERNANDES, PETER  
Address: 700 S WEST 4TH AVE  
City-St-Zip: HOLLYWOOD, FL 33028 US

Title: D ( ) Delete  
Name: OLIVEIRA, MARIA  
Address: 6100 SOUTH DIXIE HWY  
City-St-Zip: MIAMI, FL 33143 US

**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:

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: RONALD W TODD

T

03/11/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date