

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734195

FILED
Jan 03, 2011
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. W T
10922 SW 135 PLACE
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

TODD, RONALD W. W DVM
10922 SW 135 PLACE
MIAMI, FL 33186 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: RONALD W TODD

01/03/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: ROSALES, MILLIE DVM
Address: 6394 S DIXIE HWY
City-St-Zip: MIAMI, FL 33143 US

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

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

Title: D
Name: ARMSTRONG, PEDRO DVM
Address: 6394 S DIXIE HWY
City-St-Zip: MIAMI, FL 33143 US

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

Title: S
Name: OLIVEIRIA, MARIA DVM
Address: 6100 SOUTH DIXIE HWY
City-St-Zip: MIAMI, FL 33143 US

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: RONALD W TODD

T

01/03/2011

Electronic Signature of Signing Officer or Director

Date