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FILED

Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 746758 (2)
1. Corporation Name
SOCIETY OF AQUATIC VETERINARY MEDICINE, INC.

Principal Place of Business

Mailing Address

C/O ERNEST SMITH
18541 SE HERITAGE DRIVE
TEQUESTA FL 33469
US% ERNEST SMITH
18541 SE HERITAGE DRIVE
TEQUESTA FL 33469-1441
US3. Date Incorporated or Qualified
04/16/19793a. Date of Last Report
02/27/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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29

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4. FEI Number
59-2389593Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SMITH, ERNEST K. DR.
18541 SE HERITAGE DRIVE
TEQUESTA FL 33469

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME JACK, DR. ROBERT
STREET ADDRESS 4250 E. CHAPMAN AVENUE
CITY-ST-ZIP ORANGE CATITLE VD ☒ DELETE
NAME EMMETT, JAMES
STREET ADDRESS 6525 W. 28TH STREET
CITY-ST-ZIP GREELEY COTITLE D ☒ DELETE
NAME PADOVER, JON D
STREET ADDRESS 400 WESTERN AVENUE
CITY-ST-ZIP MORRISTOWN FLTITLE TD ☐ DELETE
NAME CROPPER, SUSAN D
STREET ADDRESS 310 NEWTOWN RD
CITY-ST-ZIP WYCKOFF NJTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Jon Padover
2.3 STREET ADDRESS 400 Western Ave.
2.4 CITY-ST-ZIP Morristown, NJ 079603.1 TITLE ☒ Change ☐ Addition
3.2 NAME Tom Pearson
3.3 STREET ADDRESS 2930 N. Montana Ave.
3.4 CITY-ST-ZIP Helena, MT 596014.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0044359

CR2E037 (9/96)