

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90009 045 ****61.25

DOCUMENT # 746758

1. Corporation Name

Society of Aquatic Veterinary Medicine, Inc.

Principal Place of Business

Mailing Address

c/o Ernest Smith
18541 S.E. Heritage Dr.
Tequesta, FL 33469

same

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

4-16-79

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2389693

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

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

DR ERNEST K SMITH
18541 SE HERITAGE DR
TEQUESTA FL 33469-1441

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME Jack, Dr. Robert
STREET ADDRESS 4250 E. Chapman Ave.
CITY-ST-ZIP Orange, CA

☐ DELETE

TITLE VP
NAME Padover, Dr. Jon
STREET ADDRESS 400 Western Ave.
CITY-ST-ZIP Morristown, NJ

☐ DELETE

TITLE D
NAME Pearson, Dr. Tom
STREET ADDRESS 2930 N. Montana Ave.
CITY-ST-ZIP Helena, MT

☐ DELETE

TITLE TD
NAME Cropper, Dr. Susan
STREET ADDRESS 310 Newtown Rd
CITY-ST-ZIP Wyckoff, NJ 07481

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE Director
NAME Ernest K. Smith
STREET ADDRESS 18541 S.E. Heritage Dr
CITY-ST-ZIP Tequesta, FL 33469

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/99

Date

561 795-8916

Daytime Phone #

CR2E037 (1/98)