2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2004
Secretary of State

DOCUMENT# 746758

Entity Name: SOCIETY OF AQUATIC VETERINARY MEDICINE, INC.

Current Principal Place of Business:

C/O ERNEST SMITH
18541 SE HERITAGE DRIVE
TEQUESTA, FL 33469 US

New Principal Place of Business:

Current Mailing Address:

% ERNEST SMITH
18541 SE HERITAGE DRIVE
TEQUESTA, FL 33469 US

New Mailing Address:

FEI Number: 59-2389593 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, ERNEST K. DR.
18541 SE HERITAGE DRIVE
TEQUESTA, FL 33469 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: PD ( ) Delete
Name: JACK, DR. ROBERT,
Address: 4250 E. CHAPMAN AVENUE
City-St-Zip: ORANGE, CA

Title: VP ( ) Delete
Name: PADOVER, JON
Address: 400 WESTERN AVE
City-St-Zip: MORRISTOWN, NJ

Title: S ( ) Delete
Name: BARTEN, STEVE
Address: 25287 ROBIN RD
City-St-Zip: TOWER LAKES, FL 600101144

Title: TD ( ) Delete
Name: CROPPER, SUSAN D
Address: 310 NEWTOWN RD
City-St-Zip: WYCKOFF, NJ 07481

Title: D ( ) Delete
Name: SMITH, ERNEST K
Address: 18541 SE HERITAGE DR
City-St-Zip: TEQUESTA, FL 33469

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: JACK, DR. ROBERT,
Address: 4250 E. CHAPMAN AVENUE
City-St-Zip: ORANGE, CA 92867 US

Title: VP (X) Change ( ) Addition
Name: PADOVER, JON
Address: 400 WESTERN AVE
City-St-Zip: MORRISTOWN, NJ 07960

Title: S (X) Change ( ) Addition
Name: BARTEN, STEVE
Address: 25287 ROBIN RD
City-St-Zip: TOWER LAKES, FL 60010

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 for the exemption stated in Section 119.07(3)(i), 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: DR. SUSAN CROPPER TD 07/01/2004

Electronic Signature of Signing Officer or Director — Date