

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746758

FILED
Jan 16, 2009
Secretary of State

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:

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

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:

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

01/16/2009

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 92867 US

Title: VP () Delete
Name: PADOVER, JON
Address: 60 JENKS HILL ROAD
City-St-Zip: MORRISTOWN, NJ 07960

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

Title: TD () Delete
Name: CROPPER, SUSAN P
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, ROBERT DR.
Address: 4250 E. CHAPMAN AVENUE
City-St-Zip: ORANGE, CA 92867 US

Title: VP (X) Change () Addition
Name: PADOVER, JON DR.
Address: 60 JENKS HILL ROAD
City-St-Zip: MORRISTOWN, NJ 07960

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

Title: TD (X) Change () Addition
Name: CROPPER, SUSAN P DR.
Address: 310 NEWTOWN RD
City-St-Zip: WYCKOFF, NJ 07481

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: DR. SUSAN P. CROPPER

TD

01/16/2009

Electronic Signature of Signing Officer or Director

Date