

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746758

FILED
Jan 08, 2010
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:

C/O 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
Name: JACK, ROBERT DR.
Address: 4250 E. CHAPMAN AVENUE
City-St-Zip: ORANGE, CA 92867 US

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

Title: S
Name: FLASER, JIM DR.
Address: 14161 OLIVE BLVD
City-St-Zip: CHESTERFIELD, MO 63017 US

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

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

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: DR. SUSAN CROPPER

TD

01/08/2010

Electronic Signature of Signing Officer or Director

Date