2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 23, 2005 8:00 am Secretary of State

05-23-2005 90006 044 ***150 00

DOCUMENT # F84274 1. Entity Name SOUTH FLORIDA ACADEMY OF VETERINARY MEDICINE, INC.								05-23-2005	90006 04	4 ***150	9.00
Principal Place of Business NE, INC. 3225 NORTH ANDREWS AVENUE FT LAUDERDALE, FL 33309				Mailing Address NE, INC. 3225 NORTH ANDREWS AVENUE FT LAUDERDALE, FL 33309			. 1801188 1181 18	11(1 2 10 72 11211 12011 2 101			1 88 1 1 28 1
2. Principal Place of Business			3. 1	3. Mailing Address							
Suite, Apt. #, etc.			S	Suite, Apt. #, etc.			04282005	Chg-P	CR2E03	4 (10/03)	
City & State				City & State			4. FEI Number 59-22080	062		No	plied For t Applicable
Zip	Country			Zip	Coun	try	5. Certificate of	Status Desired		8.75 Add ee Required	itional d
	6. Name	and Address of	Current Regist	tered Agent	Name _	7. Name and A	ddress of New R	egistered A	gent		
SHANK, JERRY P 3225 NORTH ANDREWS AVENUE FT LAUDERDALE, FL 33309						Street Address (P.O. Box Number is Not Acceptable)					
				W .		City			FL	Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.						· - •	.00 May Be ded to Fees				
10. OFFICERS AND DIRI				TORS	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND	DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	l	JERRY NDREWS AVE ERDALE, FL 00	0000,	☐ Delete		I				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		I				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete		I				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		I				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		.,		☐ Delete	2 city	E ET ADDRESS -ST-ZIP				☐ Change	☐ Addition
 12. I nereby of indicated 	certify that th on this reco	e intormation supp et or supplemental	Diled with this fi	ling does not qualify to	oxe enti 16	mption stated in S	ection 119.07(3)(i),	Florida Statutes, I	further certi	fy that the in	formation

indicated on this report or supplemental report in 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 of trustee empowered to execute this poort as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF STANING OFFICER OR DIRECTO

5-19-05 954-56412