

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F84274

FILED
Oct 11, 2006
Secretary of State

Entity Name: SOUTH FLORIDA ACADEMY OF VETERINARY MEDICINE, INC.

Current Principal Place of Business:

NE, INC.
3225 NORTH ANDREWS AVENUE
FT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

NE, INC.
3225 NORTH ANDREWS AVENUE
FT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 59-2208062 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHANK, JERRY P
3225 NORTH ANDREWS AVENUE
FT LAUDERDALE, FL 33309 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: JERRY SHANK

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHANK, JERRY,
Address: 3225 N ANDREWS AVE
City-St-Zip: FT LAUDERDALE, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY SHANK

Electronic Signature of Signing Officer or Director

PD

10/11/2006

Date