

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000263

**FILED**  
**Apr 24, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA HOLISTIC VETERINARY MEDICAL ASSOCIATION INC.

**Current Principal Place of Business:**

751 NORTHEAST 168TH STREET  
NO MIAMI BEACH, FL 33162242

**New Principal Place of Business:**

**Current Mailing Address:**

751 NORTHEAST 168TH STREET  
NO MIAMI BEACH, FL 33162242

**New Mailing Address:**

FEI Number: 65-0752155

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BERNSTEIN, LARRY A VMD  
751 NORTHEAST 168TH STREET  
NO MIAMI BEACH, FL 33162242 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: PTSD  
Name: BERNSTEIN, LARRY VMD  
Address: 751 NE 168TH STREET  
City-St-Zip: NO. MIAMI BEACH, FL 33162

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: LARRY BERNSTEIN

P

04/24/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date