2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004
Secretary of State

DOCUMENT# P34449

Entity Name: ASSOCIATION OF AVIAN VETERINARIANS, INC.

Current Principal Place of Business:

P.O. BOX 811720
BOCA RATON, FL 33481

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 811720
BOCA RATON, FL 33481

New Mailing Address:

FEI Number: 11-2651082 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FREEDMAN, ADINA RAE
1180 S OCEAN BLVD #5F
BOCA RATON, FL 33432

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: T ( ) Delete
Name: WELCH, PAUL
Address: 6528 E 101ST ST
City-St-Zip: TULSA, OK 74133

Title: ED ( ) Delete
Name: FREEDMAN, ADINA
Address: 1180 S OCEAN BLVD #5F
City-St-Zip: BOCA RATON, FL 33432

Title: C ( ) Delete
Name: FREEDMAN, ADINA
Address: 1180 S OCEAN BLVD #5F
City-St-Zip: BOCA RATON, FL 33432

Title: D ( ) Delete
Name: WELLE, KENNETH
Address: 2001 N. LIMVIEW
City-St-Zip: URBANA, IL 61801

Title: D ( ) Delete
Name: RIGGS, ELIZABETH
Address: 606 N. 63RD ST
City-St-Zip: SEATTLE, WA 98103

Title: P ( ) Delete
Name: ZANTOP, D. DR
Address: 2615 BELAIR RD
City-St-Zip: FALLSTON, MD 21047

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 Section 119.07(3)(i), 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: ADINA FREEDMAN ED 07/22/2004
Electronic Signature of Signing Officer or Director — Date