2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P34449

FILED May 01, 2008 Secretary of State

Entity Name: ASSOCIATION OF AVIAN VETERINARIANS, INC.

Current Principal Place of Business:		New Prince	New Principal Place of Business:	
5266 FAIR	WAY WOODS DRIVE			
4011	BEACH, FL 33432			
Current M	lailing Address:	New Maili	ng Address:	
P.O. BOX 8 BOCA RA	811720 TON, FL 33481			
In accordan	: 11-2651082 FEI Number Applied For()	· ·	()	
	AN, ADINA RAE WAY WOODS DRIVE			
	BEACH, FL 33432 US			
	named entity submits this statement for the purpe of Florida.	oose of changing i	ts registered office or registered agent, or both,	
SIGNATUF	RE:			
	Electronic Signature of Registered Agent		Date	
OFFICERS	S AND DIRECTORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () Delete CARPENTER, JAMES W 111B MOSIER HALL MANHATTAN, KS 66506	Title: Name: Address: City-St-Zip:	P (X) Change () Addition ECHOLS, SCOTT W 5266 FAIRWAY WOODS DRIVE #4011 DELRAY BEACH, FL 33432	
Title: Name: Address: City-St-Zip:	ED () Delete FREEDMAN, ADINA R 5266 FAIRWAY WOODS DRIVE #4011 DELRAY, FL 33484	Title: Name: Address: City-St-Zip:	ED (X) Change () Addition FREEDMAN, ADINA R 5266 FAIRWAY WOODS DRIVE #4011 DELRAY, FL 33432	
Title: Name: Address: City-St-Zip:	T () Delete WELLE, KENNETH R 2001 N LIMVIEW AVENUE URBANA, IL 61801	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete HESS, LAURIE 582 MILLWOOD ROAD, SUITE 2 MOUNT KISCO, NY 10549	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete HOPPES, SHARMAN 9415 WHITNEY LANE COLLEGE STATION, TX 77845	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete MELTZ, STEVEN B PO BOX 266 SHELBURNE, VT 05482	Title: Name: Address: City-St-Zip:	D (X) Change () Addition WILSON, HEATHER 5266 FAIRWAY WOODS DRIVE #4011 DELRAY BEACH, FL 33432	

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADINA RAE FREEDMAN RA 05/01/2008