

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90135 012 \*\*\*\*61.25

**DOCUMENT # P34449**

1. Entity Name  
**ASSOCIATION OF AVIAN VETERINARIANS, INC.**



Principal Place of Business  
**P.O. BOX 811720  
BOCA RATON FL 33481**

Mailing Address  
**P.O. BOX 811720  
BOCA RATON FL 33481**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **11-2651082**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **T WELCH, PAUL**  
STREET ADDRESS **6528 E 101ST ST.**  
CITY-ST-ZIP **TULSA OK 74133**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **ED FREEDMAN, ADINA**  
STREET ADDRESS **1180 S OCEAN BLVD #5F**  
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **C FREEDMAN, ADINA**  
STREET ADDRESS **1180 S OCEAN BLVD #5F**  
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **D ROMAGNANO, APRIL**  
STREET ADDRESS **1471 FOLSOM RD**  
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE ☐ Change ☐ Addition  
NAME **WELLE, KENNETH**  
STREET ADDRESS **ALL CREATIONS ANIMAL HOSPITAL**  
CITY-ST-ZIP **2001 N. LIMVIEW URBANA, IL 61801**

TITLE ☒ Delete  
NAME **D RITZMAN, TRACEY**  
STREET ADDRESS **350 S HUNTINGTON AVE**  
CITY-ST-ZIP **BOSTON MA 02130**

TITLE ☐ Change ☐ Addition  
NAME **RIGGS, ELIZABETH**  
STREET ADDRESS **606 N. 63rd Street**  
CITY-ST-ZIP **Seattle, WA 98103**

TITLE ☒ Delete  
NAME **P LAWERENCE, LINNETZ J**  
STREET ADDRESS **595 CLARK AVENUE**  
CITY-ST-ZIP **BRISTOL CT 06010**

TITLE ☐ Change ☐ Addition  
NAME **ZANTOP, D., DR.**  
STREET ADDRESS **THE FALLSTON VETERINARIAN CLINIC**  
CITY-ST-ZIP **2615 BELAIR ROAD FALLSTON, MD 21047**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Adina R. Freedman*

4/9/03 501393-8901

CR2E037 (10/02)