

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732631

**Entity Name:** BREVARD COUNTY VETERINARY MEDICAL ASSOCIATION, INC.

**Current Principal Place of Business:**

374 POLK AVE  
CAPE CANAVERAL, FL 32920-3704

**Current Mailing Address:**

374 POLK AVE  
CAPE CANAVERAL, FL 32920-3704 US

**FEI Number:** 59-1682671

**Certificate of Status Desired:** Yes

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

SLOAN-WADE, KELLY J DR.  
4710 SEMINOLE TRAIL  
MERRITT ISLAND, FL 32953 US

*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:** KELLY SLOAN-WADE, DVM

01/29/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name STORTS, CHRISTINE M DR.  
Address 7620 NORTH ATLANTIC AVENUE  
City-State-Zip: CAPE CANAVERAL FL 32920

Title DT  
Name SLOAN-WADE, KELLY DR.  
Address 4710 SEMINOLE TRAIL  
City-State-Zip: MERRITT ISLAND FL 32953

Title DS  
Name JULIANA, CAFIERO DR.  
Address 123 MAIN STREET  
City-State-Zip: ROCKLEDGE FL 32926

*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:** CHRISTINE M STORTS

FVMA EXEC BRD REP

01/29/2021

Electronic Signature of Signing Officer/Director Detail

Date