

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746758

Entity Name: SOCIETY OF AQUATIC VETERINARY MEDICINE, INC.**Current Principal Place of Business:**C/O ERNEST SMITH
18541 SE HERITAGE DRIVE
TEQUESTA, FL 33469**Current Mailing Address:**C/O ERNEST SMITH
18541 SE HERITAGE DRIVE
TEQUESTA, FL 33469 US**FEI Number:** 59-2389593**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SMITH, ERNEST KDR.
18541 SE HERITAGE DRIVE
TEQUESTA, FL 33469 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title PD
Name MORENA, CRAIG DR.
Address PO BOX 436
City-State-Zip: NORWELL MA 02061Title VP
Name PADOVER, JON DR.
Address 60 JENKS HILL ROAD
City-State-Zip: MORRISTOWN NJ 07960Title S
Name FLASER, JIM DR.
Address 14161 OLIVE BLVD
City-State-Zip: CHESTERFIELD MO 63017Title TD
Name CROPPER, SUSAN PDR.
Address 310 NEWTOWN RD
City-State-Zip: WYCKOFF NJ 07481Title D
Name SMITH, ERNEST K
Address 18541 SE HERITAGE DR
City-State-Zip: TEQUESTA FL 33469

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: DR. SUSAN CROPPER**TD****01/22/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date