

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90159 030 ***150.00

DOCUMENT # P01000090194

1. Entity Name

INTEGRATIVE MEDICAL CENTER FOR ANIMALS, INC.



Principal Place of Business

**3646 BIRKY STREET
SARASOTA, FL 34232 US**

Mailing Address

**2635 SWEETLAND AVE.
SARASOTA, FL 34232**

DO NOT WRITE IN THIS SPACE



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number

65-1140159

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JUDAY, CYNTHIA
2635 SWEETLAND AVE.
SARASOTA, FL 34232**

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
JUDAY, CYNTHIA
STREET ADDRESS
3646 BIRKY STREET
CITY - ST - ZIP
SARASOTA, FL 34232

TITLE
NAME
VP *Ronn Wyckoff*
WYCKOFF, RONN
STREET ADDRESS
2635 SWEETLAND AVE
CITY - ST - ZIP
SARASOTA, FL 34232

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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:

Ronn Wyckoff **Ronn Wyckoff**

4-9-06

Date

9469273330

Daytime Phone #