


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2007 8:00 am**  
**Secretary of State**

04-10-2007 90019 049 \*\*\*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
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DO NOT WRITE IN THIS SPACE



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1140159	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  JUDAY, CYNTHIA 2635 SWEETLAND AVE. SARASOTA, FL 34232
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO JUDAY, CYNTHIA 3646 BIRKY STREET SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WYCKOFF, RONN 2635 SWEETLAND AVE SARASOTA, FL 34232
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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 3-15-07 941.927-3330  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #