

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000108346

1. Entity Name  
INTEGRATED VETERINARY MEDICINE INC.



Principal Place of Business

2519 N OCEAN BLVD  
BOCA RATON, FL 33431

Mailing Address

PO BOX 1432  
BOCA RATON, FL 33429

**DO NOT WRITE IN THIS SPACE**



02112005 No Chg-P CR2E034 (10/03)

4. FEI Number  
02-0646724

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

JOHNSTON, STEPHANIE L  
2519 N OCEAN BLVD  
BOCA RATON, FL 33431

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

11000000282648  
03/31/05-80046-018 150.00

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME JOHNSTON, STEPHANIE L  
STREET ADDRESS 2519 N OCEAN BLVD  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE  
NAME  
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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 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 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/05 4546121357  
Date Daytime Phone #