

**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      Mailing Address  
2519 N OCEAN BLVD                  PO BOX 1432  
BOCA RATON, FL 33431              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 <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
  
JOHNSTON, STEPHANIE L  
2519 N OCEAN BLVD  
BOCA RATON, FL 33431

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**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

100000282648  
03/31/05-80046-018 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSTON, STEPHANIE L 2519 N OCEAN BLVD BOCA RATON, FL 33431
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:       3/28/05      4546121357  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #