

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000089175

FILED
Jan 28, 2008
Secretary of State

Entity Name: INSTITUTE OF VETERINARY SPECIALISTS, P.A.

Current Principal Place of Business:

4011 NW 43RD ST.
SUITE A
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

4011 NW 43RD ST.
SUITE A
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 20-3036917 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BORDE, DAVIN J
7520 WEST UNIVERSITY AVENUE
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

BORDE, DAVIN J
4011 NW 43RD ST.
SUITE A
GAINESVILLE, FL 32606 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: DAVIN J. BORDE 01/28/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BORDE, DAVIN J DVM
Address: 7520 WEST UNIVERSITY AVENUE
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BORDE, DAVIN J DVM
Address: 4011 NW 43RD ST. SUITE A
City-St-Zip: GAINESVILLE, FL 32606

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVIN J. BORDE PRES 01/28/2008
Electronic Signature of Signing Officer or Director Date