

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000089175

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

3603 NW 98TH ST, STE A  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

3603 NW 98TH ST  
SUITE A  
GAINESVILLE, FL 32606

**Current Mailing Address:**

3603 NW 98TH ST, STE A  
GAINESVILLE, FL 32606

**New Mailing Address:**

3603 NW 98TH ST  
SUITE A  
GAINESVILLE, FL 32606

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  
3603 NW 98TH ST  
SUITE A  
GAINESVILLE, FL 32606 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: BORDE, DAVIN J DVM  
Address: 3603 NW 98TH ST, STE A  
City-St-Zip: GAINESVILLE, FL 32606

I hereby 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 all other like empowered.

SIGNATURE: DAVIN J. BORDE

PRES

02/23/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date