

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000031411

FILED
Jul 06, 2005
Secretary of State

Entity Name: INTEGRATIVE VETERINARY SERVICES, P.A.

Current Principal Place of Business:

16601 NW CR 329
REDDICK, FL 32686

New Principal Place of Business:

1688 LEON STREET
ST. AUGUSTINE BEACH, FL 32080

Current Mailing Address:

16601 NW CR 329
REDDICK, FL 32686

New Mailing Address:

1688 LEON STREET
ST. AUGUSTINE BEACH, FL 32080

FEI Number: 59-3470670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERGUSON, BRUCE DVM
16601 NW CR 329
REDDICK, FL 32686 US

Name and Address of New Registered Agent:

FERGUSON, BRUCE DVM
1688 LEON STREET
ST. AUGUSTINE BEACH, FL 32080 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: BRUCE FERGUSON, DVM, MS

07/06/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: FERGUSON, BRUCE DVM
Address: 16601 NW CR 329
City-St-Zip: REDDICK, FL 32686

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: FERGUSON, BRUCE DVM
Address: 1688 LEON STREET
City-St-Zip: ST. AUGUSTINE BEACH, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRUCE FERGUSON DVM, MS

DR.

07/06/2005

Electronic Signature of Signing Officer or Director

Date