

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000000643

**FILED**  
**Jan 29, 2024**  
**Secretary of State**  
**5410372971CC**

**Entity Name:** INSTITUTE OF APPLIED EQUINE PODIATRY, INC.

**Current Principal Place of Business:**

19891 SE 15TH PLACE  
MORRISTON , FL 32668

**Current Mailing Address:**

19891 SE 15TH PLACE  
MORRISTON , FL 32668 US

**FEI Number:** 42-1603053

**Certificate of Status Desired:** No

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

LAPIERRE, KEITH  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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:** KEITH LAPIERRE

01/29/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name LORD, ROBYN  
Address 19891 SE 15TH PLACE  
City-State-Zip: MORRISTON FL 32668

Title S  
Name LAPIERRE, KEITH  
Address 19891 SE 15TH PLACE  
City-State-Zip: MORRISTON FL 32668

*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:** KEITH LAPIERRE

**SECRETARY**

01/29/2024

Electronic Signature of Signing Officer/Director Detail

Date