

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000000643

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

**Current Principal Place of Business:**

2380 70TH NE  
NAPLES, FL 34120

**Current Mailing Address:**

2380 70TH NE  
NAPLES, FL 34120

**FEI Number: 42-1603053**

**Certificate of Status Desired: Yes**

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

CORPORATION SERVICE COMPANY  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            P  
Name            LORD, ROBYN  
Address         2380 70TH NE  
City-State-Zip: NAPLES FL 34120

Title            S  
Name            LAPIERRE, KEITH  
Address         2380 70 NE  
City-State-Zip: NAPLES FL 34120

*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 LA PIERRE**

**SECRETARY**

**01/08/2014**

Electronic Signature of Signing Officer/Director Detail

Date