

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F02000004977

FILED
Apr 30, 2003
Secretary of State

Entity Name: INDIANA VETERINARY DIAGNOSTIC LAB, INC.

Current Principal Place of Business:

11837 TECHNOLOGY DRIVE
FISHERS, IN 46038

New Principal Place of Business:

Current Mailing Address:

11837 TECHNOLOGY DRIVE
FISHERS, IN 46038

New Mailing Address:

FEI Number: 35-1862656

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEETH, JOSEPH J DVM
12910 BUSCH LAKE, SUITE B
TAMPA, FL 33614 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEETH, JOSEPH J DVM
Address: 7000 N 75 W
City-St-Zip: SHELBYVILLE, IN 46176

Title: P () Delete
Name: LEETH, JANE H
Address: 7000 N 75 W
City-St-Zip: SHELBYVILLE, IN 46176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSEPH J LEETH, DVM

P

04/30/2003

Electronic Signature of Signing Officer or Director

_____ Date