

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra D. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JAN 19 AM 11:05

DOCUMENT # 696119 (7)  
1. Corporation Name  
CRAIG A. FISCHER, D.V.M., P.A.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
4625 ULMERTON RD 4625 ULMERTON RD  
C/O CRAIG A. FISCHER C/O CRAIG A. FISCHER  
CLEARWATER FL 34622 CLEARWATER FL 34622

3. Date Incorporated or Qualified 07/27/1981 3a. Date of Last Report 02/09/1994

2. Principal Place of Business 2a. Mailing Address  
21 4525 Ulmerton Rd. 26 4525 Ulmerton Rd.  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 N/A 27 N/A  
City & State City & State  
23 Clearwater 28 Clearwater, Fl.  
Zip County Zip County  
24 34622 25 Pinellas 29 34622 30 Pinellas

4. FEI Number 59-2126619 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
FISCHER, CRAIG A.  
4625 ULMERTON RD  
CLEARWATER FL 33520

10. Name and Address of New Registered Agent  
81 Name CRAIG A. FISCHER  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 N/A  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of my designated agent and title if applicable) (NOTE: Registered Agent signature required when transferring) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	FISCHER, CRAIG A.
STREET ADDRESS	4625 ULMERTON ROAD
CITY-ST-ZIP	CLEARWATER FL
TITLE	"
NAME	"
STREET ADDRESS	"
CITY-ST-ZIP	"
TITLE	"
NAME	"
STREET ADDRESS	"
CITY-ST-ZIP	"
TITLE	"
NAME	"
STREET ADDRESS	"
CITY-ST-ZIP	"
TITLE	"
NAME	"
STREET ADDRESS	"
CITY-ST-ZIP	"

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	NO CHANGE
3. STREET ADDRESS	4525 Ulmerton Rd
4. CITY-ST-ZIP	Slight change address 4625
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	President
2.3 STREET ADDRESS	NO CHANGE
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	President
3.3 STREET ADDRESS	NO CHANGE
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	President
4.3 STREET ADDRESS	NO CHANGE
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	President
5.3 STREET ADDRESS	NO CHANGE
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	President
6.3 STREET ADDRESS	NO CHANGE
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed or on an attachment with a declaration.

SIGNATURE: Craig A. Fischer, DVM Date: 12/31/94  
Signature and typed or printed name of signing officer or director: Sandra D. Morham, Special Hospital Manager