


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 696119**  
1. Entity Name  
**CRAIG A. FISCHER, D.V.M., P.A.**



Principal Place of Business      Mailing Address  
**4525 ULMERTON ROAD      4525 ULMERTON ROAD**  
**CLEARWATER, FL 33762 US      CLEARWATER, FL 33762 US**

**DO NOT WRITE IN THIS SPACE**



03062006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-2126619**      **Not Applicable**

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**FISCHER, CRAIG A.**  
**4525 ULMERTON RD**  
**CLEARWATER, FL 33762**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE      P  
NAME      **FISCHER, CRAIG A.**  
STREET ADDRESS      **4525 ULMERTON ROAD**  
CITY-ST-ZIP      **CLEARWATER, FL 33762**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000502354  
04/25/06-80100-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Craig Fischer, DVM**      Date: **3/31/06**      Daytime Phone # \_\_\_\_\_