


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 545409</b> 1. Entity Name <b>MEADOW RUN ANIMAL HOSPITAL, INC.</b>					
Principal Place of Business <b>804 LITHIA PINECREST RD, BRANDON FL 33511</b>			Mailing Address <b>804 LITHIA PINECREST RD, BRANDON FL 33511</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-1891418</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				1st MOORE      CR2E034 (10/06)	
6. Name and Address of Current Registered Agent  <b>FISCHBACH, DALE 804 LITHIA PINECREST RD. BRANDON FL 33511</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FISCHBACH, DALE 804 LITHIA PINECREST BRANDON FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD FISCHBACH, DENIESE 804 LITHIA PINECREST BRANDON, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or 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.					
<b>SIGNATURE:</b> <i>Dale S Fischbach</i> <b>DALE S. FISCHBACH DVM</b> <b>3/7/07</b> <b>(813) 685-7775</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      PRESIDENT      Date      Daytime Phone #</small>					