


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2006 08:00 AM
Secretary of State

DOCUMENT # J48201
 1. Entity Name
PERSHING OAKS ANIMAL HOSPITAL, INC.



Principal Place of Business
**3240 GOLDENROD ROAD S
 ORLANDO, FL 32822**

Mailing Address
**3240 GOLDENROD ROAD S
 ORLANDO, FL 32822**



06072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2760045

Applied For
 Not Applicable

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

8. Name and Address of Current Registered Agent
**JANSSON, PAUL C
 3240 GOLDENROD ROAD S.
 ORLANDO, FL 32822**

DO NOT WRITE IN THIS SPACE

6. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
 Due by September 8, 2006**

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

U00000567059
 06/12/06-20007-009 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/ST JANSSON, PAUL C. 3240M GOLDENROD RD S. ORLANDO, FL 32822
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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 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.

SIGNATURE: Paul C. Jansson **6/7/06** **407-249-0220**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #