


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2004 8:00 am
Secretary of State

08-10-2004 90001 001 ***150.00

DOCUMENT # L70226

1. Entity Name
ANIMAL GENERAL HOSPITAL, INC.



Principal Place of Business
**501 SW PORT ST LUCIE BLVD
 PORT SAINT LUCIE, FL 34953**

Mailing Address
**501 SW PORT ST LUCIE BLVD
 PORT SAINT LUCIE, FL 34953**

54067649



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

08052004 Chg-P CR2E034 (10/03)

4. FEI Number **65-0199611** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**BORREGO, ENRIQUE
 501 SW PORT ST LUCIE BLVD
 PORT SAINT LUCIE, FL 34953**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORREGO, ENRIQUE 501 SW PORT SAINT LUCIE BLVD PORT SAINT LUCIE, FL 34953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/04 772-344-8835
Date Daytime Phone #