


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L70226
 1. Entity Name
ANIMAL GENERAL HOSPITAL, INC.



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

DO NOT WRITE IN THIS SPACE



01292007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0199611	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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:  _____
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
After May 1, 2007 Fee will be \$550.00

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

DATE: **02/08/07-80003-014 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVM BORREGO, ENRIQUE 501 SW PORT SAINT LUCIE BLVD PORT SAINT LUCIE, FL 34953
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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #