2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

01172008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0199611	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

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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)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000883525 04/17/08-80007-010 150.00

10.   OFFICERS AND DIRECTORS

TITLE	DVM
NAME	BORREGO, ENRIQUE
STREET ADDRESS	501 SW PORT SAINT LUCIE BLVD
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   1/24/08_____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #