

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
05-30-2002 91601 007 ***150:00
02 JUL 15 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO00000090134
1. Entity Name
HIRSCH Animal Hospital

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>Hirsch Animal Hospital</u> Suite, Apt. #, etc. <u>Suite 101, 102</u> City & State <u>Ponte Vedra Beach Florida</u>	3. Mailing Address <u>220 Valley Circle</u> Suite, Apt. #, etc. <u>Suite 101, 102</u> City & State <u>Ponte Vedra Beach Florida</u>
Zip <u>32082</u> Country <u>USA</u>	Zip <u>32082</u> Country <u>USA</u>

4. FEI Number
592674938
Applied For
 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
Cary Hirsch
Street Address (P.O. Box Number is Not Acceptable)
220 Valley Circle #101, 102
City
Ponte Vedra Beach FL Zip Code
32082

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.
SIGNATURE Dr Cary Hirsch
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. President OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Dr Cary Hirsch</u> <u>220 Valley Circle</u> <u>Ponte Vedra Beach Florida 32082</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or on an attachment with an address, with all other like employees.

SIGNATURE: Dr Cary Hirsch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 9/4 2950023
Daytime Phone

CR2E034B (12/01)