


### 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P0000096134</b>	
1. Entity Name <b>HIRSCH ANIMAL HOSPITAL, INC.</b>	

Principal Place of Business <b>220 VALLEY CIRCLE SUITE 101, 102 PONTE VEDRA BEACH, FL 32082</b>	Mailing Address <b>220 VALLEY CIRCLE SUITE 101, 102 PONTE VEDRA BEACH, FL 32082</b>
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04302007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3874838</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**5. Name and Address of Current Registered Agent**

**HIRSCH, CARY J  
220 VALLEY CIRCLE  
SUITE 101, 102  
PONTE VEDRA BEACH, FL 32082**

**DO NOT WRITE IN THIS SPACE**

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 *Dr Cary J Hirsch* DATE 5/07

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P HIRSCH, CARY J 220 VALLEY CIRCLE PONTE VEDRA BEACH, FL 32082</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/23/07-80104-018 150.00

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: *Dr Cary J Hirsch* DATE 4/30/07

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