
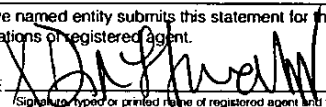
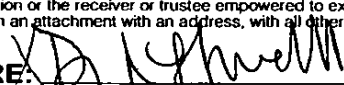


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90032 023 ***150.00

DOCUMENT # P04000042660					
1. Entity Name DOC SAVVY'S ANIMAL HOSPITAL, INC.					
Principal Place of Business 250 SE FIRST STREET BELLE GLADE, FL 33430			Mailing Address 250 SE FIRST STREET BELLE GLADE, FL 33430		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0977452	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GLAZER, DONALD J 1101 SE CORAL REEF STREET PORT ST. LUCIE, FL 34983				7. Name and Address of New Registered Agent Name: Noelle Savidoff Street Address (P.O. Box Number is Not Acceptable): 250 SE 1st St. City: Belle Glade FL Zip Code: 33430	
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: 1-5-06 (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D SAVEDOFF, NOELLE 1101 SE CORAL REEF STREET PORT ST. LUCIE, FL 34983 <input type="checkbox"/> Delete Change Address	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D SAVEDOFF, NOELLE 250 SE 1st St. BELLE GLADE, FL 33430 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,D GLAZER, DONALD J 1101 SE CORAL REEF STREET PORT ST. LUCIE, FL 34983 <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		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date: 1-5-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		