


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90424 023 ***150.00

DOCUMENT # P06000141456	
1. Entity Name PINECREST VETERINARY HOSPITAL, INC.	

Principal Place of Business THERREL BAISDEN, P.A. % SUNTRUST INT'L CTR ONE S.E. 3RD AVENUE, SUITE 2950 MIAMI, FL 33131	Mailing Address THERREL BAISDEN, P.A. % SUNTRUST INT'L CTR ONE S.E. 3RD AVENUE, SUITE 2950 MIAMI, FL 33131
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2. Principal Place of Business - No P.O. Box # 12521 S. DIXIE	3. Mailing Address 12521 S. DIXIE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PINECREST, FL	City & State PINECREST, FL
Zip 33156	Zip 33156
Country DADE	Country DADE



04242007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5875311	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HASNER, MARK M ESQ. THERREL BAISDEN, P.A. % SUNTRUST INT'L CTR ONE S.E. 3RD AVENUE, SUITE 2950 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name JAMES DUGAN Street Address (P.O. Box Number is Not Acceptable) 12521 S. DIXIE City PINECREST, FL Zip Code 33156
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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 James P Dugan DATE 4-27-07
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: James P Dugan DATE 4-27-07 DAYTIME PHONE # 305-278-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR