



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90038 033 ***150.00

DOCUMENT # P95000003613 1. Entity Name NORTH SPRINGS ANIMAL HOSPITAL, INC.					
Principal Place of Business 9134 WILES ROAD CORAL SPRINGS, FL 33067			Mailing Address 9134 WILES ROAD CORAL SPRINGS, FL 33067		
2. Principal Place of Business 11040 NW 54 CT Suite, Apt. #, etc.		3. Mailing Address 11040 NW 54 CT Suite, Apt. #, etc.			
City & State CORAL SPRINGS FL		City & State CORAL SPRINGS FL		4. FEI Number 65-0560033	
Zip 33076-2770		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEONARD FOX 9134 WILES ROAD CORAL SPRINGS, FL 33067				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11040 NW 54 CT City CORAL SPRINGS FL Zip Code 33076-2770	
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: <u>LEONARD P. FOX</u> 2/09/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	D FOX, LEONARD P 9134 WILES ROAD CORAL SPRINGS, FL 33067	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11040 NW 54 CT CORAL SPRINGS, FL 33076-2770	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11040 NW 54 CT CORAL SPRINGS, FL 33076-2770	<input type="checkbox"/> Change <input 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 lines empowered.					
SIGNATURE: <u>LEONARD P. FOX</u> 2/09/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					