

2000 UNIFORM BUSINESS REPORT (UBR)

8/

FILED
Sep 01, 2000 8:00 am
Secretary of State

08-17-2000 90574 026 ***150.00

DOCUMENT # P99000075586

1. Entity Name
ANIMAL GENERAL HOSPITAL, INC.

R

Principal Place of Business
**1502 S.E.PORT ST.LUCIE BLVD.
 PORT ST. LUCIE FL 34952**

Mailing Address
**1502 S.E.PORT ST.LUCIE BLVD.
 PORT ST. LUCIE FL 34952**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-0199611

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BORREGO, ENRIQUE DR.
 1502 S.E.PORT ST.LUCIE BLVD.
 PORT ST. LUCIE FL 34952**

7. Name and Address of New Registered Agent

Name
 Street Address (P.D. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORREGO, ENRIQUE 1502 S.E.PORT ST.LUCIE BLVD. PORT ST. LUCIE FL 34952	<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		<input type="checkbox"/> Delete	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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Enrique Borrego, DVM

8-12-00 Date
 561-337-9464 Daytime Phone #

CR2E034 (5/00)

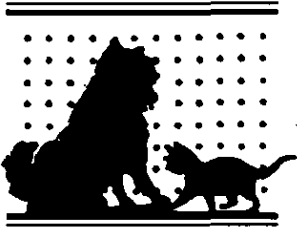
Attachment P99 000075586

ANIMAL
General Hospital

108116
ENRIQUE BORRERO, D.V.M.

(407) 337-9464

1502 SE Port St. Lucie Blvd.
Port St. Lucie, FL 34952



ENCLOSURE
ENCLOSURE
ENCLOSURE

August 12, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs,

Enclosed in check number 8707, \$150.00, for corporation document #P99000075586. The check is being sent at this time because we did not receive the first mailing.

If there are any questions or changes, please contact our office at 561-337-9464.

Thank you,

A handwritten signature in cursive script that reads "Nancy L. Stamm".

Nancy L. Stamm
Office Manager

enclosure

EB/nls