

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 AM
Secretary of State

DOCUMENT # S28002

1. Entity Name
THE CAT HOSPITAL OF HILLSBORO BLVD., INC.



Principal Place of Business
**4044 W HILLSBORO BLVD
DEERFIELD BEACH, FL 33442**

Mailing Address
**4044 W HILLSBORO BLVD
DEERFIELD BEACH, FL 33442**



01132008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0244098

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HUGO, CRAIG, DR.
4044 W HILLSBORO BLVD
DEERFIELD BEACH, FL 33442**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
**PTS
HUGO, CRAIG, DR
4044 W HILLSBORO BLVD
DEERFIELD BEACH, FL**

TITLE
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U00000865545
04/07/08-80033-002 158.75

**DO NOT WRITE
IN THIS SPACE**

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.