2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # \$69847 Jan 25, 2007 08:00 AN 1. Entity Namo **Secretary of State** HIGH SPRINGS ANIMAL HOSPITAL, INC. Principal Place of Business Mailing Address 17925 NW HWY 441 17925 NW HWY 441 HIGH SPRINGS FL 32643 HIGH SPRINGS FL 32643 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3119029 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COHEN, LAURA Street Address (P.O. Box Number is Not Acceptable) 17925 NW HWY 441 HIGH SPRINGS FL 32643 City Zio 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title complicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRES ☐ Delete ☐ Change IIII IIIIE Addition COHEN, LAURA U00000604348 NAM MARKE 17925 NW HWY 441 SIRELI ADDRESS 01/29/07-80050-007 150.no STREET ADDRESS HIGH SPGS. FL CHY SE AP CHY ST ZIP ☐ Change Addition | Delele 13313 NAM MALI SIRFELADDRESS STREET ADDRESS CETY-SE-ZIP CHY SI ZIP IIII Delete RHE ☐ Change ☐ Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY ST ZIP CUY SE ZIE ☐ Delete I∰L€ Change ☐ Addition в MAM MARK STREET ADDRESS STREET ADDRESS CITY-SI /IP CITY ST 78P ☐ Delete IIII Change Addition THEE NAM NAM STREET ADDRESS STREET ADDRESS CHY SI 78° CHY SI ZIP ☐ Change Addition ☐ Delete IIILE 1333 NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY SI-ZIP 12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath, 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.

1-22-07