


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

|  |                  |                                 |   |  |   |
|--|------------------|---------------------------------|---|--|---|
| <b>DOCUMENT # S69847</b><br>1. Entity Name<br><b>HIGH SPRINGS ANIMAL HOSPITAL, INC.</b>  |                  |                                 |   |   |   |
| Principal Place of Business<br><b>17925 NW HWY 441<br/>HIGH SPRINGS FL 32643</b>   |                  |                                 |   | Mailing Address<br><b>17925 NW HWY 441<br/>HIGH SPRINGS FL 32643</b>   |   |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country  |                  |                                 | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country |  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>COHEN, LAURA<br/>17925 NW HWY 441<br/>HIGH SPRINGS FL 32643</b>  |                  |                                 |   | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.  |                  |                                 |   |  |   |
| SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering)      DATE _____  |                  |                                 |   |  |   |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2007 Fee Will Be \$550.00</b><br/> <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 35%;">         9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees       </div> </div> |                  |                                 |   |  |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |                  |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                              |  |   |
| TITLE  | PRES             | <input type="checkbox"/> Delete | TITLE   | U00000604348   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | COHEN, LAURA     |                                 | NAME  | 01/29/07-80050-007 150.00  |   |
| STREET ADDRESS   | 17925 NW HWY 441 |                                 | STREET ADDRESS  |  |   |
| CITY ST ZIP  | HIGH SPGS. FL    |                                 | CITY ST ZIP   |  |   |
| TITLE  |                  | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                  |                                 | NAME  |  |   |
| STREET ADDRESS   |                  |                                 | STREET ADDRESS  |  |   |
| CITY ST ZIP  |                  |                                 | CITY ST ZIP   |  |   |
| TITLE  |                  | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                  |                                 | NAME  |  |   |
| STREET ADDRESS   |                  |                                 | STREET ADDRESS  |  |   |
| CITY ST ZIP  |                  |                                 | CITY ST ZIP   |  |   |
| TITLE  |                  | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                  |                                 | NAME  |  |   |
| STREET ADDRESS   |                  |                                 | STREET ADDRESS  |  |   |
| CITY ST ZIP  |                  |                                 | CITY ST ZIP   |  |   |
| TITLE  |                  | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                  |                                 | NAME  |  |   |
| STREET ADDRESS   |                  |                                 | STREET ADDRESS  |  |   |
| CITY ST ZIP  |                  |                                 | CITY ST ZIP   |  |   |



1st MOORE CR2E034 (10/06)

4. FEI Number **59-3119029**      Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-22-07 386 454-1001