2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2007 8:00 am
Secretary of State
07-17-2007 90109 015 ***150.00
08-30-2007 90003 010 ***400.00

DOCUMENT # L74462

1. Entity Name
MILLER WEST ANIMAL HOSPITAL, INCORPORATED

Principal Place of Business	Mailing Address
C/O CESAR JAVALLANA D.V.M. 15094 SW 56TH ST MIAMI, FL 33185	C/O CESAR JAVALLANA D.V.M. 15094 SW 56TH ST MIAMI, FL 33185

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07122007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0193089
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JAVALLANA, CESAR D.V.M.
13561 S.W. 62ND STREET
SUITE 5
MIAMI, FL 33183

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

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JAVALLANA, CESAR, DVM
STREET ADDRESS	13561 SW 62 ST
CITY-ST-ZIP	MIAMI, FL
TITLE	DV
NAME	SHANBAKY, GAMAL, DVM
STREET ADDRESS	13561 SW 62 ST
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 like empowered.

SIGNATURE: Cesar Javallana 7-12-07 3053830427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #