

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L74462

FILED
Apr 14, 2009
Secretary of State

Entity Name: MILLER WEST ANIMAL HOSPITAL, INCORPORATED

Current Principal Place of Business:

C/O CESAR JAVALLANA D.V.M.
15094 SW 56TH ST
MIAMI, FL 33185

New Principal Place of Business:

Current Mailing Address:

C/O CESAR JAVALLANA D.V.M.
15094 SW 56TH ST
MIAMI, FL 33185

New Mailing Address:

FEI Number: 65-0193089

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: JAVALLANA, CESAR, DVM
Address: 13561 SW 62 ST
City-St-Zip: MIAMI, FL

Title: DV () Delete
Name: SHANBAKY, GAMAL, DVM
Address: 13561 SW 62 ST
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CESAR JAVELLANA

PRES

04/14/2009

Electronic Signature of Signing Officer or Director

Date