

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000091476

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

**Entity Name:** KENDALL DRIVE ANIMAL HOSPITAL CORP.

**Current Principal Place of Business:**

13882 SW 88 STREET  
MIAMI, FL 33186

**New Principal Place of Business:**

13882 SW 88 STREET  
MIAMI, FL 33186 UN

**Current Mailing Address:**

13882 SW 88 STREET  
MIAMI, FL 33186

**New Mailing Address:**

**FEI Number:** 11-3784706

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TORRES, FABIAN A  
13882 SW 88 STREET  
MIAMI, FL 33186 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TORRES, FABIAN A  
Address: 13882 SW 88 STREET  
City-St-Zip: MIAMI, FL 33186

Title: VP  
Name: QUINTERO, GUILLERMO M  
Address: 6642 RAINWOOD COVE LANE  
City-St-Zip: LAKE WORTH, FL 33463

I hereby 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 all other like empowered.

SIGNATURE: FABIAN A. TORRES

PRES

02/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date