

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# V35471

**FILED**  
**Apr 15, 2014**  
**Secretary of State**

**Entity Name:** AMERICAS ANIMAL CLINIC, INC.

**Current Principal Place of Business:**

11865 CORAL WAY  
# B-10  
MIAMI, FL 33175

**New Principal Place of Business:**

**Current Mailing Address:**

11865 CORAL WAY  
# B-10  
MIAMI, FL 33175

**New Mailing Address:**

**FEI Number:** 65-0330301      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ROA, AURELIO  
11865 CORAL WAY  
# B-10  
MIAMI, FL 33175 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: AURELIO ROA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: ROA, AURELIO  
Address: 11865 CORAL WAY # B-10  
City-St-Zip: MIAMI, FL 33175

Title: DVP  
Name: ROA, DEBORAH  
Address: 11865 CORAL WAY # B-10  
City-St-Zip: MIAMI, FL 33175

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: AURELIO ROA

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

PRES

04/15/2014

\_\_\_\_\_  
Date