

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000025113

Entity Name: PARADISE ANIMAL CLINIC, INC.**Current Principal Place of Business:**3300 W 84TH STREET BAY 19
HIALEAH, FL 33018**Current Mailing Address:**3300 W 84TH STREET BAY 19
HIALEAH, FL 33018**FEI Number:** 65-1119127**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PAUSA, JAIME J
3300 W. 84 ST.
BAY 19
HIALEAH, FL 33018 US*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**Officer/Director Detail :**

Title	PD
Name	PAUSA, JAIME J
Address	3300 W 84TH STREET BAY 19
City-State-Zip:	HIALEAH FL 33018

Title	SECRETARY
Name	DIAZ, MIDALY
Address	3300 W 84TH STREET BAY 19
City-State-Zip:	HIALEAH FL 33018

Title	T
Name	SOTO, ELIZABETH
Address	3300 W 84TH STREET BAY 19
City-State-Zip:	HIALEAH FL 33018

Title	SECRETARY
Name	PAUSA, RACHEL J
Address	3300 WEST 84TH STREET, BAY 19 BAY 19
City-State-Zip:	HIALEAH FL 33018

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: JAIME J PAUSA

PD

01/26/2022

Electronic Signature of Signing Officer/Director Detail_____
Date