

**2016 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	Title	T
Name	PAUSA, JAIME J	Name	SOTO, ELIZABETH
Address	3300 W 84TH STREET BAY 19	Address	3300 W 84TH STREET BAY 19
City-State-Zip:	HIALEAH FL 33018	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

**PRESIDENT**

**01/27/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date