

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000058928

**Entity Name:** TAMARAC ANIMAL CLINIC CORP.

**Current Principal Place of Business:**

6863 W COMMERCIAL BLVD  
TAMARAC, FL 33319

**Current Mailing Address:**

6863 W COMMERCIAL BLVD  
TAMARAC, FL 33319

**FEI Number: 45-2701092**

**Certificate of Status Desired: No**

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

TORRES, FABIAN  
6863 W COMMERCIAL BLVD  
TAMARAC, FL 33319 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 TORRES, FABIAN  
Address 9700 SW 112 ST  
City-State-Zip: MIAMIAC FL 33176

Title D  
Name QUINTERO, GUILLERMO  
Address 13882 SW 88 ST  
City-State-Zip: MIAMI FL 33183

*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**

**P**

**04/03/2014**

Electronic Signature of Signing Officer/Director Detail

Date