

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000023286

**Entity Name:** PINES WEST ANIMAL HOSPITAL, INC.

**Current Principal Place of Business:**

18419 PINES BLVD  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

2499 GLADES RD  
SUITE 210  
BOCA RATON, FL 33432 US

**FEI Number:** 65-0508305

**Certificate of Status Desired:** No

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

CANTOR, SAMUEL J  
2499 GLADES RD  
SUITE 210  
BOCA RATON, FL 33431 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 P  
Name BERG, STEVEN  
Address 18419 PINES BLVD  
City-State-Zip: PEMBROKE PINES FL 33029

Title VP  
Name MEACHAN, LORI  
Address 18419 PINES BLVD  
City-State-Zip: PEMBROKE PINES FL 33029

*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: STEVEN BERG**

**PRESIDENT**

**04/12/2013**

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

\_\_\_\_\_  
Date