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.

PRESIDENT

SIGNATURE: STEVEN BERG

Electronic Signature of Signing Officer/Director Detail

2014 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

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

Officer/Director Detail :

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

FILED Mar 10, 2014 Secretary of State CC0840874828

Certificate of Status Desired: No

03/10/2014

Date

Date