

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G57166

FILED  
Feb 03, 2009  
Secretary of State

Entity Name: QUAIL ROOST ANIMAL HOSPITAL, INC.

**Current Principal Place of Business:**

10575 QUAIL ROOST DRIVE  
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

10575 QUAIL ROOST DRIVE  
MIAMI, FL 33157

**New Mailing Address:**

FEI Number: 59-1950302

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CATLIN, H. JAMES, JR.  
169 E. FLAGLER STREET  
SUITE 800  
MIAMI, FL 33131 US

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

IBANEZ, JULIO A DR.  
10575 SW 186 STREET  
MIAMI, FL 33157 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: JULIO A. IBANEZ

02/03/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: STP ( ) Delete  
Name: JULIO, IBANEZ STP  
Address: 10575 QUAIL ROOST DR  
City-St-Zip: MIAMI, FL, FL 33157

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JULIO A. IBANEZ

STP

02/03/2009

Electronic Signature of Signing Officer or Director

Date