

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M43451

FILED
Jan 09, 2012
Secretary of State

Entity Name: WESTBIRD ANIMAL HOSPITAL, INC.

Current Principal Place of Business:

11439 SW 40 STREET
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

11439 SW 40 STREET
MIAMI, FL 331653311

New Mailing Address:

11439 SW 40 STREET
MIAMI, FL 33165

FEI Number: 59-2746764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, LISARDO J. JR.
7365 S.W. 118 COURT
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: MARTINEZ, LISARDO J., JR
Address: 7365 S.W. 118 COURT
City-St-Zip: MIAMI, FL 33183

Title: D
Name: MARTINEZ, LISARDO J.,SR.
Address: 3705 S.W. 130 AVE.
City-St-Zip: MIAMI, FL 33175

Title: S
Name: MARTINEZ, CARMEN R.
Address: 7365 S.W. 118 CT.
City-St-Zip: MIAMI, FL 33183

Title: D
Name: MARTINEZ, MIRNA
Address: 3705 S.W. 130 AVE.
City-St-Zip: MIAMI, FL 33175

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: CARMEN R MARTINEZ

S

01/09/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date