

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000027876

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** THE PET HOUSE CLINIC, CORP.

**Current Principal Place of Business:**

6800 COLLINS AVE  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

**Current Mailing Address:**

6800 COLLINS AVE  
MIAMI BEACH, FL 33141

**New Mailing Address:**

**FEI Number:** 01-0772020

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PAEZ-CASTRO, OSCAR C  
8544 SW CUTLER CT  
MIAMI, FL 33189 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:** PD  
**Name:** PAEZ-CASTRO, OSCAR C  
**Address:** 440 SW 23RD RD  
**City-St-Zip:** MIAMI, FL 33129

**Title:** SD  
**Name:** VALENCIA, MIRTHA A  
**Address:** 7125 NW 186 ST #406B  
**City-St-Zip:** MIAMI, FL 33015

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:** OSCAR PAEZ CASTRO

PD

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date