

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000034361

FILED
Jul 09, 2008
Secretary of State

Entity Name: ANIMAL MEDICAL CENTER & SPA INC.

Current Principal Place of Business:

15703 SW 56TH ST.
MIAMI, FL 33185

New Principal Place of Business:

15703 SW 56TH ST
MIAMI, FL 33185

Current Mailing Address:

15703 SW 56TH ST.
MIAMI, FL 33185

New Mailing Address:

15703 SW 56TH ST
MIAMI, FL 33185

FEI Number: 33-1056575

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAZQUEZ-GONZALEZ, CARMEN A DVM
15703 SW 56TH ST.
MIAMI, FL 33185 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VSTD () Delete
Name: VAZQUEZ, CARMEN DVM
Address: 15736 SW 46TH TERR.
City-St-Zip: MIAMI, FL 33185

Title: PD () Delete
Name: POU, ROSA
Address: 15832 SW 102ND STREET
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: POU, ROSA M
Address: 15703 SW 56 ST
City-St-Zip: MIAMI, FL 33185

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: ROSA M. POU

PD

07/09/2008

Electronic Signature of Signing Officer or Director

Date