

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000036375

FILED  
Mar 29, 2011  
Secretary of State

**Entity Name:** GARDENS ANIMAL HOSPITAL, INC.

**Current Principal Place of Business:**

2750 W 68 ST, STE 121  
HIALEAH, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

2750 W 68 ST, STE 121  
HIALEAH, FL 33016

**New Mailing Address:**

FEI Number: 65-1179443      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

RIVAS, FAUSTO F  
2750 W 68 ST, STE 121  
HIALEAH, FL 33016      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: TS  
Name: RIVAS, MARIA M  
Address: 4811 NW 177TH STREET  
City-St-Zip: OPA LOCKA, FL 33055

Title: DIR  
Name: RIVAS, FAUSTO F  
Address: 4811 NW 177 ST.  
City-St-Zip: OPA-LOCKA,, FL 33055

Title: VP  
Name: RIVAS, MARIA M VP  
Address: 4811 NW 177 ST  
City-St-Zip: MIAMI, FL 33055 US

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: MARIA M. RIVAS

VP

03/29/2011

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

\_\_\_\_\_ Date