

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000036375

**FILED**  
**Feb 26, 2012**  
**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 ( )**

**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: FAUSTO RIVAS

FR

02/26/2012

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

\_\_\_\_\_ Date