

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000104543

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** THE BIRD & EXOTIC HOSPITAL, INC.

**Current Principal Place of Business:**

6147 LAKE WORTH ROAD  
GREENACRES, FL 33463 US

**New Principal Place of Business:**

**Current Mailing Address:**

6147 LAKE WORTH ROAD  
GREENACRES, FL 33463 US

**New Mailing Address:**

FEI Number: 20-1374263

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROLFE, VANESSA  
6147 LAKE WORTH ROAD  
GREENACRES, FL 33463 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: ROLFE, VANESSA D.V.M.  
Address: 6147 LAKE WORTH ROAD  
City-St-Zip: LAKE WORTH, FL 33463 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: VANESSA ROLFE

PRES

01/05/2012

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

\_\_\_\_\_ Date