

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000061921

FILED
Apr 22, 2011
Secretary of State

Entity Name: ANIMAL EMERGENCY CLINIC OF DORAL INC.

Current Principal Place of Business:

9585 NW 41ST ST
DORAL, FL 33178

New Principal Place of Business:

9400 NW 58TH ST
DORAL, FL 33178

Current Mailing Address:

9589 NW 41ST ST
DORAL, FL 33178

New Mailing Address:

9400 NW 58TH ST
DORAL, FL 33178

FEI Number: 64-0963613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRES, MICHELLE G
11402 NW 41 ST
STE 202
CORAL, FL 33178 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: PSTD
Name: CABEZA, ANJANETTE
Address: 6861 NW 113TH CT
City-St-Zip: DORAL, FL 33178

Title: VPD
Name: CABEZA, GUILLERMO
Address: 6861 NW 113TH CT
City-St-Zip: DORAL, FL 33178

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: ANJANETTE CABEZA, DVM

PSTD

04/22/2011

Electronic Signature of Signing Officer or Director

Date