


2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P08000003385 1. Entity Name BISCAYNE ANIMAL MEDICAL CENTER, INC.					
Principal Place of Business 5841 BISCAYNE BLVD MIAMI, FL 33137		Mailing Address 5841 BISCAYNE BLVD MIAMI, FL 33137			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 26-1718168	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JIMENEZ, RAUL DR. 5841 BISCAYNE BLVD MIAMI, FL 33137			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 28, 2012		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JIMENEZ, RAUL DR 5841 BISCAYNE BLVD MIAMI, FL 33137	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300235371833 05/21/12--01004--015 ***150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____		DATE: 5/11/12		E-MAIL ADDRESS: DOCTORJIMENEZ@HOTMAIL.COM	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		E-MAIL ADDRESS	

12 MAY 21 AM 6:10
 ADDITIONAL FEES



05032012 Chg-P CR2E034 (12/11)

MAY 22 2012