

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P12000091114

FILED  
Apr 28, 2014  
Secretary of State

**Entity Name:** HERON LAKES ANIMAL HOSPITAL, P.A.

**Current Principal Place of Business:**

5615 CORAL RIDGE DRIVE  
CORAL SPRINGS, FL 33076 US

**New Principal Place of Business:**

**Current Mailing Address:**

5615 CORAL RIDGE DRIVE  
CORAL SPRINGS, FL 33076 US

**New Mailing Address:**

**FEI Number:** 46-1295849

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS COURT  
SUITE A  
TAMPA, FL 33612 US

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

LERA, ABEL M  
5615 CORAL RIDGE DRIVE  
CORAL SPRINGS, FL 33076 US

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: ABEL LERA

04/28/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P, T  
Name: LERA, ABEL M  
Address: 5615 CORAL RIDGE DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: S, D  
Name: LERA, ABEL M  
Address: 5615 CORAL RIDGE DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33076 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: ABEL LERA

P

04/28/2014

Electronic Signature of Signing Officer or Director

Date