

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000012691

FILED  
Mar 21, 2012  
Secretary of State

**Entity Name:** SILVER BLUFF ANIMAL CLINIC, INC.

**Current Principal Place of Business:**

2515 SW 27TH AVE.  
MIAMI, FL 33133

**New Principal Place of Business:**

2515 SW 27TH AVE.  
MIAMI, FL 33133 UN

**Current Mailing Address:**

2515 SW 27TH AVE.  
MIAMI, FL 33133

**New Mailing Address:**

FEI Number: 65-0638080

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SANCHEZ, TED  
2515 SW 27TH AVE.  
MIAMI, FL 33133 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: DVM  
Name: SANCHEZ, TED  
Address: 2515 SW 27TH AVE.  
City-St-Zip: MIAMI, FL 33133

Title: D  
Name: SANCHEZ, NEVA J  
Address: 2515 SW 27TH AVE.  
City-St-Zip: MIAMI, FL 33133

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: TED SANCHEZ

DVM

03/21/2012

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

\_\_\_\_\_  
Date