

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000051290

**FILED**  
**Apr 06, 2010**  
**Secretary of State**

**Entity Name:** OLD CUTLER ANIMAL CLINIC, INC.

**Current Principal Place of Business:**

20205 FRANJO RD  
CUTLER RIDGE, FL 33189

**New Principal Place of Business:**

**Current Mailing Address:**

20205 FRANJO RD  
CUTLER RIDGE, FL 33189

**New Mailing Address:**

**FEI Number:** 65-0766415

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REIDI, CLAUDIO ESQ.  
100 N BISCAYNE BLVD  
SUITE 2100  
MIAMI, FL 33132 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** ST  
**Name:** SANCHEZ, HAYDEE  
**Address:** 20205 FRANJO RD  
**City-St-Zip:** CUTLER RIDGE, FL 33189

**Title:** P  
**Name:** HARRIS, WILLIAM J L  
**Address:** 19531 HOLIDAY RD  
**City-St-Zip:** MIAMI, FL 33157

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:** HAYDEE SANCHEZ

ST

04/06/2010

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

\_\_\_\_\_  
Date