

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000073410

Entity Name: WILLIAM CHAVEZ, D.V.M.,P.A.

**FILED**  
**Mar 10, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

BIRD & EXOTIC WILDLIFE HOSPITAL  
430 NW 127TH AVENUE  
MIAMI, FL 33182

**New Principal Place of Business:**

**Current Mailing Address:**

430 NW 127 AVE.  
MIAMI, FL 33182

**New Mailing Address:**

FEI Number: 65-0947693

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHAVEZ, WILLIAM DVM  
430 NW 127TH AVE.  
MIAMI, FL 33182 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: PT  
Name: CHAVEZ, WILLIAM DVM  
Address: 430 N.W. 127TH AVENUE  
City-St-Zip: MIAMI, FL 33182

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: WILLIAM CHAVEZ, DVM

PT

03/10/2010

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

\_\_\_\_\_  
Date