

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000106378

FILED
Mar 25, 2012
Secretary of State

Entity Name: ROBERTO O. RODRIGUEZ, P.A.

Current Principal Place of Business:

1067 W. HIGHWAY 50
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

1067 W. HIGHWAY 50
CLERMONT, FL 34711 US

New Mailing Address:

FEI Number: 59-3548219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOUTH LAKE ANIMAL HOSPITAL
1067 W. HIGHWAY 50
CLERMONT, FL 34711 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: P
Name: RODRIGUEZ, ROBERTO O
Address: 1067 W. HIGHWAY 50
City-St-Zip: CLERMONT, FL 34711 US

Title: P
Name: RODRIGUEZ, ROBERTO
Address: 1067 WEST HWY 50
City-St-Zip: CLERMONT, FL 34711 US

Title: P
Name: RODRIGUEZ, ROBERTO
Address: 1067 WEST HWY 50
City-St-Zip: CLERMONT, FL 34711 US

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Address: 1067 WEST HWY 50
City-St-Zip: CLERMONT, FL 34711 US

Title: P
Name: RODRIGUEZ, ROBERTO
Address: 1067 WEST HWY 50
City-St-Zip: CLERMONT, FL 34711 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: ROBERTO O. RODRIGUEZ

DR

03/25/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date