

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S19704

FILED  
Apr 03, 2012  
Secretary of State

**Entity Name:** KNOWLES ANIMAL CLINIC SNAPPER CREEK, P.A.

**Current Principal Place of Business:**

9933 SUNSET DRIVE  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

9933 SUNSET DRIVE  
MIAMI, FL 33173

**New Mailing Address:**

FEI Number: 65-0233822

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WISE, DAVID T JR  
1000 NW 27TH AVE  
MIAMI, FL 33125 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: DP  
Name: WISE, DAVID T JR  
Address: 1000 NW 27TH AVE  
City-St-Zip: MIAMI, FL 33125

Title: TS  
Name: WISE, JANE ANN K  
Address: 1000 N.W. 27TH AVE.  
City-St-Zip: MIAMI, FL 33125

Title: DV  
Name: BLOCK, JAMES H  
Address: 9933 SUNSET DR  
City-St-Zip: MIAMI, FL 33173

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: DAVID T. WISE JR

PD

04/03/2012

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

\_\_\_\_\_ Date