

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# S86701

**FILED**  
**Oct 06, 2011**  
**Secretary of State**

**Entity Name:** BRAVO VETERINARY CLINIC, INC.

**Current Principal Place of Business:**

10901 QUAIL ROOST DR  
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

10901 QUAIL ROOST DR  
MIAMI, FL 33157

**New Mailing Address:**

**FEI Number:** 65-0330381

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRANCINE E TEGZES CPA  
8925 SW 148 STREET #200  
MIAMI, FL 33176 US

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

FERNANDEZ, MARIA E  
201 CRANDON BLVD  
169  
KEY BISCAVNE, FL 33149 US

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: MARIA ELENA FERNANDEZ

10/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: FERNANDEZ-BRAVO, JUAN C.  
Address: 201 CRANDON BLV APT 169  
City-St-Zip: KEY BISCAVNE, FL 33149

Title: VPT  
Name: FERNANDEZ, MARIA E  
Address: 201 CRANDON BLVD APT 169  
City-St-Zip: KEY BISCAVNE, FL 33149

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: MARIA ELENA FERNANDEZ

VP

10/06/2011

Electronic Signature of Signing Officer or Director

Date