

DOCUMENT # **V42994**

1. Entity Name  
**ANDERSON ANIMAL CLINIC, INC.**

Principal Place of Business  
**10710 SW 113TH PLACE  
MIAMI FL 33176**

Mailing Address  
**10710 SW 113TH PLACE  
MIAMI FL 33176**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0336483**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ANDERSON, THOMAS C., D.V.M.  
1221 CAMPO SANO AVE  
CORAL GABLES FL 33146**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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 Thomas C. Anderson DVM  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-5-01**

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>PVST</b>			
	<b>ANDERSON, THOMAS C., DVM</b>			
	<b>1221 CAMPO SAND AVE</b>			
	<b>CORAL CABLES FL 33146</b>			

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas C. Anderson DVM  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-5-01**

Date

**305-595-1450**

Daytime Phone #

**FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90024 035 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)