

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V54017

**FILED  
Jan 16, 2009  
Secretary of State**

**Entity Name:** CORAL GABLES ANIMAL HOSPITAL, INC.

**Current Principal Place of Business:**

4569 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33146 US

**New Principal Place of Business:**

**Current Mailing Address:**

4569 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33146 US

**New Mailing Address:**

**FEI Number:** 65-0346259      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BARON, RICHARD  
11077 BISCAYNE BLVD.  
SUITE 307  
MIAMI, FL 33161 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:** DR      ( ) Delete  
**Name:** RICHTER, BRADLEY,  
**Address:** 4569 PONCE DE LEON BLVD.  
**City-St-Zip:** CORAL GABLES, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BRADLEY RICHTER

DR

01/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date