

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V54017

FILED  
Feb 24, 2012  
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

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: RICHTER, BRADLEY  
Address: 4569 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33146 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: BRADLEY RICHTER

DR

02/24/2012

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

\_\_\_\_\_  
Date