

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 485612

**Entity Name:** DERKS ANIMAL CLINIC, P.A.

**Current Principal Place of Business:**

12900 SOUTHWEST 87TH AVENUE  
MIAMI, FL 33176

**Current Mailing Address:**

12900 SOUTHWEST 87TH AVENUE  
MIAMI, FL 33176 US

**FEI Number:** 59-1617477

**Certificate of Status Desired:** No

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

TODD, RONALD W STD  
12900 SOUTHWEST 87TH AVENUE  
MIAMI, FL 33176 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name DERKS, EDWIN C  
Address 3177 VIA ABITARE WAY  
City-State-Zip: COCONUT GROOVE FL 33123

Title STD  
Name TODD, RONALD W.  
Address 13729 SW 103 TERRACE  
City-State-Zip: MIAMI FL 33186

*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:** RONALD W TODD DVN

STD

02/10/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date