

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 494324

**Entity Name:** HOSPITAL VETERINARIO LEJEUNE, INC.

**Current Principal Place of Business:**

4301 N.W. 7TH ST.  
MIAMI, FL 33126

**Current Mailing Address:**

4301 N.W. 7TH ST.  
MIAMI, FL 33126

**FEI Number:** 59-1679235

**Certificate of Status Desired:** No

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

PEREZ, OSVALDO A  
2043 SW 60TH COURT  
MIAMI, FL 33155 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                 | Title           | S                  |
| Name            | PEREZ, OSVALDO A   | Name            | PEREZ, MARIA T     |
| Address         | 2043 SW 60TH COURT | Address         | 2043 SW 60TH COURT |
| City-State-Zip: | MIAMI FL 33155     | City-State-Zip: | MIAMI FL 33155     |

*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:** OSVALDO PEREZ

**PRESIDENT**

**01/20/2020**

Electronic Signature of Signing Officer/Director Detail

Date