

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000053789

**FILED**  
**Feb 29, 2016**  
**Secretary of State**  
**CC0331707735**

**Entity Name:** EDUARDO CASTELLANOS VETERINARIAN, PA

**Current Principal Place of Business:**

8245 SW 184 LANE  
CUTLER BAY, FL 33157

**Current Mailing Address:**

8245 SW 184 LANE  
CUTLER BAY, FL 33157 US

**FEI Number:** 20-2674441

**Certificate of Status Desired:** No

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

CASTELLANOS, EDUARDO F  
8245 SW 184 LANE  
CUTLER BAY, FL 33157 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 P  
Name CASTELLANOS, EDUARDO F  
Address 8245 SW 184 LANE  
City-State-Zip: CUTLER BAY FL 33157

Title VP  
Name SOLER, NOEMI M  
Address 8245 SW 184 LANE  
City-State-Zip: CUTLER BAY FL 33157

Title S  
Name CASTELLANOS, NOEMI M  
Address 8245 SW 184 LANE  
City-State-Zip: CUTLER BAY FL 33157

*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:** EDUARDO F CASTELLANOS

**PRESIDENT**

**02/29/2016**

Electronic Signature of Signing Officer/Director Detail

Date