

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000015408

FILED
Mar 09, 2013
Secretary of State
CC9695156562

Entity Name: CUTLER BAY ANIMAL CLINIC CORP.

Current Principal Place of Business:

18966 S. DIXIE HWY.
MIAMI, FL 33157

Current Mailing Address:

18966 S. DIXIE HWY.
MIAMI, FL 33157

FEI Number: 45-0588598

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TORRES, FABIAN
18966 S. DIXIE HWY.
MIAMI, 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 | DP | Title | D |
| Name | TORRES, FABIAN | Name | SOLER, NOEMI |
| Address | 18966 S. DIXIE HWY. | Address | 18966 S. DIXIE HWY. |
| City-State-Zip: | MIAMI FL 33157 | City-State-Zip: | MIAMI FL 33157 |

Title D
Name QUINTERO, GUILLERMO
Address 18966 S. DIXIE HWY.
City-State-Zip: MIAMI 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: FABIAN A. TORRES

DP

03/09/2013

Electronic Signature of Signing Officer/Director Detail

Date