

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000015408

**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

*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:** NOEMI SOLER

**MANAGER**

**02/26/2019**

Electronic Signature of Signing Officer/Director Detail

Date