

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000053798

**FILED**  
**Apr 13, 2018**  
**Secretary of State**  
**CC1349284028**

**Entity Name:** CORAL WAY ANIMAL CLINIC CORPORATION

**Current Principal Place of Business:**

2240 CORAL WAY,  
MIAMI, FL 33145

**Current Mailing Address:**

2240 CORAL WAY,  
MIAMI, FL 33145 US

**FEI Number:** 27-2949060

**Certificate of Status Desired:** No

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

PAEZ, OSCAR CPR.  
440 SW 23 ROAD  
MIAMI, FL 33129 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 PS  
Name PAEZ, OSCAR C  
Address 440 SW 23 ROAD  
City-State-Zip: MIAMI FL 33129

Title MR.  
Name DIAZ QUIROS, CAMILO  
Address 440 SW 23RD ROAD  
City-State-Zip: MIAMI FL 33129

*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:** OSCAR PAEZ CASTRO

**PRESIDENT**

**04/13/2018**

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

\_\_\_\_\_  
Date