

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000106817

**Entity Name:** MIAMI GARDENS ANIMAL CLINIC, INC.

**Current Principal Place of Business:**

2775 NE 187 ST  
716  
AVENTURA, FL 33180

**Current Mailing Address:**

2775 NE 187 ST  
716  
AVENTURA, FL 33180 US

**FEI Number:** 46-2273464

**Certificate of Status Desired:** No

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

SENS, BENJAMIN  
2775 NE 187 ST  
716  
AVENTURA, FL 33180 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:** BENJAMIN SENS

03/12/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name SENS , BENJAMIN  
Address 2775 NE 187 ST  
716  
City-State-Zip: AVENTURA FL 33180

*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:** BENJAMIN SENS

VP

03/12/2014

Electronic Signature of Signing Officer/Director Detail

Date