

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S86701

**Entity Name:** BRAVO VETERINARY CLINIC, INC.

**Current Principal Place of Business:**

10901 SW 186 STREET  
MIAMI, FL 33157

**Current Mailing Address:**

10901 SW 186 STREET  
MIAMI, FL 33157 US

**FEI Number:** 65-0330381

**Certificate of Status Desired:** Yes

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

FERNANDEZ, MARIA E  
10901 SW 186 STREET  
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	PS	Title	VPT
Name	FERNANDEZ-BRAVO, JUAN C.	Name	FERNANDEZ, MARIA E.
Address	10901 SW 186 STREET	Address	10901 SW 186 STREET
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:** JUAN FERNANDEZ BRAVO

**OWNER**

**01/26/2022**

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

\_\_\_\_\_  
Date