

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V54017

**Entity Name:** CORAL GABLES ANIMAL HOSPITAL, INC.

**Current Principal Place of Business:**

4569 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33146

**Current Mailing Address:**

4569 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33146 US

**FEI Number:** 65-0346259

**Certificate of Status Desired:** Yes

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

HOCKMAN, PETER M  
80 SW 8 ST  
STE 3100  
MIAMI, FL 33130 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 DR  
Name RICHTER, BRADLEY  
Address 4569 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL 33146

*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:** BRADLEY RICHTER

**OFFICER/DIRECTOR**

**04/07/2023**

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

\_\_\_\_\_  
Date