

2020 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: No

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

DR

06/10/2020

Electronic Signature of Signing Officer/Director Detail

Date