

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000005874

**Entity Name:** WAGS PET CLINIC, INC.

**Current Principal Place of Business:**

5420 WEBB ROAD  
STE C-2  
TAMPA, FL 33615

**FILED**  
**Mar 14, 2023**  
**Secretary of State**  
**1756627137CC**

**Current Mailing Address:**

5420 WEBB ROAD  
STE C-2  
TAMPA, FL 33615 US

**FEI Number:** 82-1808037

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
7901 4TH STREET NORTH  
SUITE 300  
ST.PETERSBURG, FL 33702 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 DIRECTOR  
Name SABSHIN, VALERIE  
Address 12422 CITATION ROAD  
City-State-Zip: SPRING HILL FL 34610

Title D  
Name BACKUS, ANGELA  
Address 5420 WEBB ROAD  
STE C-2  
City-State-Zip: TAMPA FL 33615

Title D  
Name LANSFORD, CAROL  
Address 323 W. JEAN STREET  
City-State-Zip: TAMPA FL 33604

Title DIRECTOR  
Name SANDRA, SABSHIN  
Address 5420 WEBB RD STE C2  
City-State-Zip: TAMPA FL 33615

Title DIRECTOR  
Name NATALIE, YEFLIMENKO  
Address 5420 WEBB RD STE C2  
City-State-Zip: TAMPA FL 33615

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** VALERIE C SABSHIN

**DIRECTOR**

**03/14/2023**

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

\_\_\_\_\_  
Date