

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J73083

**Entity Name:** CALUSA CROSSINGS ANIMAL HOSPITAL, INC.

**Current Principal Place of Business:**

C/O STEVE WOODY  
12801 SW 134 CT.  
MIAMI, FL 33186

**Current Mailing Address:**

C/O STEVE WOODY  
12801 SW 134 CT.  
MIAMI, FL 33186

**FEI Number:** 65-0055626

**Certificate of Status Desired:** No

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

WOODY, STEVE  
12801 SW 134 CT  
MIAMI, FL 33186 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 WOODY, JOHN STEVE  
Address 12801 SW 134 CT.  
City-State-Zip: MIAMI FL 33186

*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:** JOHN STEVE WOODY

**OWNER**

**02/26/2016**

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

\_\_\_\_\_  
Date