

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000027547

**Entity Name:** CROSSWINDS VETERINARY HOSPITAL, INC.

**Current Principal Place of Business:**

71 DOCTORS VILLAGE DRIVE  
SUITE 302  
ST JOHNS, FL 32259

**Current Mailing Address:**

71 DOCTORS VILLAGE DRIVE  
SUITE 302  
ST JOHNS , FL 32259 US

**FEI Number:** 82-4939888

**Certificate of Status Desired:** No

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

LOCKWOOD, JENNIFER T D.V.M.  
71 DOCTORS VILLAGE DRIVE  
SUITE 302  
ST JOHNS, FL 32259 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 P  
Name LOCKWOOD, JENNIFER T D.V.M.  
Address 428 CHELSYE MEADOW CT  
City-State-Zip: ST AUGUSTINE FL 32084

Title VP  
Name LOCKWOOD, JONATHAN R  
Address 428 CHELSYE MEADOW CT  
City-State-Zip: ST AUGUSTINE FL 32084

*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:** JENNIFER LOCKWOOD

**DVM, OWNER**

**01/19/2020**

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

\_\_\_\_\_  
Date