FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

Country

82

83

13.

1. 1 TITLE

1.2 NAME

2 1 TITLE

2.2 NAME

3.1 TITLE

3.2 NAME

4. 1 TITLE

4.2 NAME

5. 1 TITLE

5.2 NAME

6 1 TITLE

6.2 NAME

6.3 STREET ADDRESS

30

1996

J92597 DOCUMENT #

(0)

WELLSWOOD ANIMAL CLINIC, INC.

25

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

26

27

28

29

9. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

SAAVEDRA, CARLOS L.

8222 LA SERENA DR

SAAVEDRA, MARIA L.

8222 LA SERENA DR

TAMPA FL

TAMPA FL

OFFICERS AND DIRECTORS

4145 N ARMENIA AVE. TAMPA FL 33607

21

22

23

24

 $Z_{\rm ID}$

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CHY-SI-ZIP

CITY - ST - ZIP

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

CUY-S1-ZIP

12

THEF

NAM:

TITLE

TITLE

NAME

TITLE

NAME

TITLE

TITLE

NAME

2. Principal Place of Business

SAAVEDRA, CARLOS L

8222 LASEPENA DRIVE **TAMPA FL 33614**

Suite, Apt. #, etc.

City & State

4145 N ARMENIA AVE. TAMPA FL 33607

Suite, Apt. #, etc.

□ D€LETE

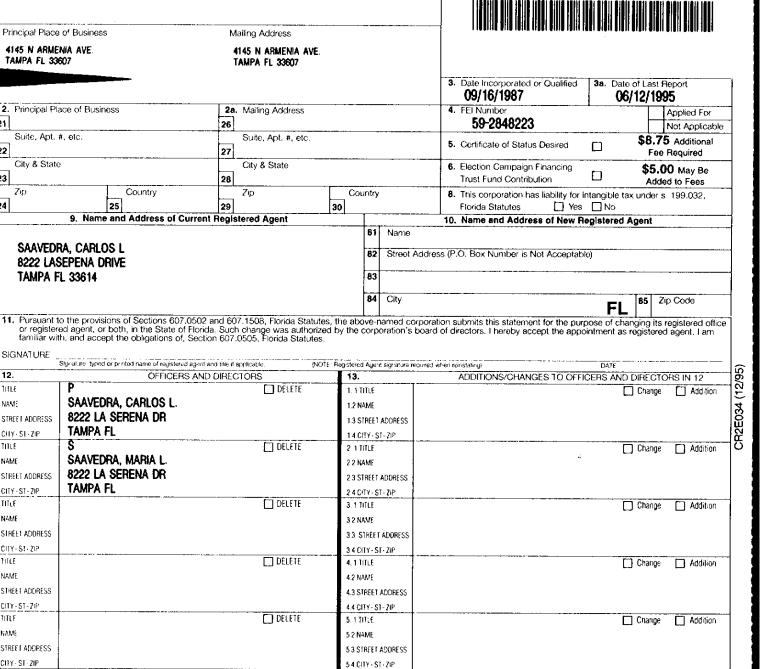
DELETE

DELETE

DELETE

DELETE

☐ DELETE



64 CITY-ST-7/P 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early; 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

MARIA L. SAAVEORA

Add-tion

☐ Change