2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 22, 2001 8:00 am Secretary of State **DOCUMENT # J92597** 1. Entity Name WELLSWOOD ANIMAL CLINIC, INC. 01-22-2001 90129 050 ***150.00 Principal Place of Business Mailing Address 4145 N ARMENIA AVE. 4145 N ARMENIA AVE. TAMPA FL 33607 TAMPA FL 33607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEL Number 59-2848223 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ---7. Name and Address of New Registered Agent SAAVEDRA, CARLOS L Street Address (P.O. Box Number is Not Acceptable) 8222 LASEPENA DRIVE **TAMPA FL 33614** Zip Code 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Addition SAAVEDRA, CARLOS L. NAME NAME STREET ADDRESS 8222 LA SERENA DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL styles me treesour Delete TITLE Change ☐ Addition NAME SAAVEDRA, MARIA L. NAME STREET ADDRESS 8222 LA SERENA DR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TAMPA FL ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR