

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J92597

FILED  
Feb 01, 2011  
Secretary of State

**Entity Name:** WELLSWOOD ANIMAL CLINIC, INC.

**Current Principal Place of Business:**

4145 N ARMENIA AVE.  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

4145 N ARMENIA AVE.  
TAMPA, FL 33607

**New Mailing Address:**

FEI Number: 59-2848223

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SAAVEDRA, CARLOS L  
8222 LA SEREMA DR.  
TAMPA, FL 33614 US

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

SAAVEDRA, CARLOS L  
8222 LA SERENA DR  
TAMPA, FL 33614 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

02/01/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SAAVEDRA, CARLOS L.  
Address: 8222 LA SERENA DR  
City-St-Zip: TAMPA, FL 33614

Title: S  
Name: SAAVEDRA, MARIA L.  
Address: 8222 LA SERENA DR  
City-St-Zip: TAMPA, FL 33614

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: MARIA L. SAAVEDRA

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

VP

02/01/2011

\_\_\_\_\_  
Date