## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K55241

CRAIG WOLOSHYN, D.V.M., P.A.

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Principal Plac	e of Business	•	Mailing	g Address							
% CRAIG WOL	OSHYN	• '	3449 D	eltona blvd.							
3449 DELTONA BLVD				SPRING HILL FL 34606							
SPRING HILL FL 34606-2917 U									E IN THIS SPACE	,	_
US								3. Date Incorporated or Qualifed			
								12/23/1988			_
2. Principal P	Place of Busines	is	2a. Ma	ailing Address				4. FEI Number		Applied For	<u></u> ] ;
21	,	•	26					59-2927611		Not Applicable	] .
Suite, Apt.	#, etc.		Sui	ite, Apt. #, etc.				5. Certificate of Status Desired	<b>\$8.7</b> 5	5 Additional	] :
22			27					5. Certificate of Status Desired	Fee	Required	
City & Stat	te		Çit	ty & State				6. Election Campaign Financing	_ \$5.0	May Be	7
23			28					Trust Fund Contribution		ed to Fees	
Zip		Country	Zip	<u> </u>	C	Country	-	8. This corporation owes the current	nt vear Intangible		7
24	25		29		30			Personal Property Tax.	☐Yes	⊠No	
		nd Address of Curren		ed Agent	14-1			10. Name and Address of New Re	gistered Agent		7
		112000				81	Name		<u> </u>		7
WOL	LOSHYN, CRA					82		·		<u> </u>	╛
3496 DELTONA BLVD							Street Addr	et Address (P.O. Box Number is Not Acceptable)			ļ
	ING HILL FL					-		5 . 10 5 . 5 . 5 . 5 . 5 . 5 . 5 . 5 . 5 . 5	e e e e e e e e e e e e e e e e e e e	ure boulle Brent 14 de	-
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and the second second	00.00			C 121 S. S. Div. 1		1	-			•	
11. Pursuant	to the provision	s of Sections 607.0502	2 and 607.1	1508 Florida Statu	tes, the	above	-named corp	oration submits this statement for the pon's board of directors. I hereby accept	urpose of changing	its registered	
Solidadent II a	registered ageni im familiar with	t, or both, in the State ( and accept the obligat	of Florida: Sections of Sec	such change was a ction 607.0505. Flo	autnoriz orida Si	zed by tatutes	tne corporatio	on's board of directors. I hereby accept	the appointment as	registered	
SIGNATURE		,		,							
SIGNATURE	Signature, typed or p	printed name of registered agen	nt and title if appl	licable. (NOTE	E: Registe	ered Agen	t signature required	d when reinstating)를 다본당	DATE	<del></del> _	Ι,
12.		OFFICEDO AN									٠ ١
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CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an effecting with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

**FILED** 

Feb 04, 1999 8:00am

**Secretary of State** 

02-04-1999 90008 007 \*\*\*150.00

352-686-0671