

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K55241

FILED
Jun 23, 2009
Secretary of State

Entity Name: CRAIG WOLOSHYN, D.V.M., P.A.

Current Principal Place of Business:

% CRAIG WOLOSHYN
3449 DELTONA BLVD
SPRING HILL, FL 346062917 US

New Principal Place of Business:

Current Mailing Address:

3449 DELTONA BLVD.
SPRING HILL, FL 34606 US

New Mailing Address:

FEI Number: 59-2927611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLOSHYN, CRAIG
3449 DELTONA BLVD
SPRING HILL, FL 34606 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WOLOSHYN, CRAIG
Address: 3449 DELTONA BLVD
City-St-Zip: SPRING HILL, FL 34606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CRAIG WOLOSYPHN

D

06/23/2009

Electronic Signature of Signing Officer or Director

_____ Date