

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J92597

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

**Current Principal Place of Business:**

4145 N ARMENIA AVE.  
TAMPA, FL 33607

**Current Mailing Address:**

4145 N ARMENIA AVE.  
TAMPA, FL 33607

**FEI Number:** 59-2848223

**Certificate of Status Desired:** No

**Name and Address of Current 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

Date

**Officer/Director Detail :**

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

**VICE-PRESIDENT**

**01/15/2013**

Electronic Signature of Signing Officer/Director Detail

Date