

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K55241

**Entity Name:** ANIMAL MEDICAL CLINIC OF SPRING HILL, INC.

**Current Principal Place of Business:**

% CRAIG WOLOSHYN  
3449 DELTONA BLVD  
SPRING HILL, FL 34606-2917

**Current Mailing Address:**

% CRAIG WOLOSHYN  
3449 DELTONA BLVD  
SPRING HILL, FL 34606-2917 US

**FEI Number:** 59-2927611

**Certificate of Status Desired:** No

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

WOLOSHYN, CRAIG  
3449 DELTONA BLVD  
SPRING HILL, FL 34606 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 DR  
Name WOLOSHYN, CRAIG  
Address 3449 DELTONA BLVD  
City-State-Zip: SPRING HILL FL 34606

Title VP  
Name IVERSEN, ANNA  
Address % CRAIG WOLOSHYN  
3449 DELTONA BLVD  
City-State-Zip: SPRING HILL FL 34606-2917

Title VP  
Name KOHLER, DENISE  
Address % CRAIG WOLOSHYN  
3449 DELTONA BLVD  
City-State-Zip: SPRING HILL FL 34606-2917

*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:** CRAIG WOLOSHYN

**PRESIDENT**

**02/14/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date