

2020 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: Yes

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

Title VP
Name IVERSEN, ANNA
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

01/16/2020

Electronic Signature of Signing Officer/Director Detail

Date