

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002779

FILED
May 21, 2008
Secretary of State

Entity Name: WILDLIFE HAVEN REHAB INC.

Current Principal Place of Business:

12514 JOT EM DOWN LANE
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

12070 74TH AVE N.
SEMINOLE, FL 33772 US

New Mailing Address:

FEI Number: 06-1631447 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BAUGHMAN, BRENDA
12514 JOT EM DOWN LANE
ODESSA, FL 33556 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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FINK, EDWARD
Address: 12070 74TH AVENUE N.
City-St-Zip: SEMINOLE, FL 33772

Title: D () Delete
Name: MANNHAUPP, KAREN
Address: 136 LEWIS HILL ROAD
City-St-Zip: SANDY HOOK, CT 06842

Title: D () Delete
Name: MEYERS, KATI DVM
Address: 14925 N. FLORIDA AVE.
City-St-Zip: TAMPA, FL 33613

Title: T () Delete
Name: WALDORF, MARILYN
Address: 3220 HARVEST MOON DRIVE
City-St-Zip: PALM HARBOR, FL 34683

Title: DS () Delete
Name: LADD, DAWN
Address: 12070 74TH AVENUE N.
City-St-Zip: SEMINOLE, FL 33772

Title: V () Delete
Name: CZYZOWSKI, ARLENE
Address: 5633 HALF MOON LAKE RD
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD FINK

DP

05/21/2008

Electronic Signature of Signing Officer or Director

Date