2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2012
Secretary of State

DOCUMENT# F02000002779

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:

721 APPALOOSA ROAD
TARPON SPRINGS, FL 34688 US

New Mailing Address:

FEI Number: 06-1631447 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP
Name: WALDORF, MARILYN
Address: 721 APPALOOSA ROAD
City-St-Zip: TARPON SPRINGS, FL 34688

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

Title: D
Name: MEYERS, KATI DVM
Address: 238 EAST BEARSS AVE.
City-St-Zip: TAMPA, FL 33613

Title: TS
Name: WALDORF, MARILYN
Address: 721 APPALOOSA ROAD
City-St-Zip: TARPON SPRINGS, FL 34688

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

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

SIGNATURE: MARILYN WALDORF DP 04/10/2012
Electronic Signature of Signing Officer or Director Date