

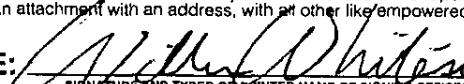


FILED
Apr 14, 2008 08:00 A]
Secretary of State

DOCUMENT # P05000100574			
1. Entity Name WYNN HAVEN ANIMAL HOSPITAL, P.A.			
Principal Place of Business 351 WOODLAND AV E MARY ESTHER, FL 32569		Mailing Address 351 WOODLAND AV E MARY ESTHER, FL 32569	
DO NOT WRITE IN THIS SPACE			
		02272008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 20-3164901	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERRI, DANIEL C 4 ELEVENTH AVE STE 1 SHALIMAR, FL 32579		DO NOT WRITE IN THIS SPACE	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		04/24/08-80004-023 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST WHITESIDE, WILLIAM J 9602 NAVARRE PKWY NAVARRE, FL 32566	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  WILLIAM WHITESIDE		Date: 4/9/08 Daytime Phone #: (850) 581-2213	