

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000062434					
1. Entity Name WOODHAVEN ANIMAL CLINIC, INC.					
Principal Place of Business 4248 FORESTHILL BLVD WEST PALM BEACH FL 33406			Mailing Address 4248 FORESTHILL BLVD WEST PALM BEACH FL 33406		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0522761	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MANOHARAN, VICTOR 759 LAKE WELLINGTON DR WEST PALM BEACH FL 33414				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution: ☐	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ☐ Delete MANOHARAN, VICTOR 759 LAKE WELLINGTON DR WEST PALM BEACH FL 33414			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U000000436329 02/27/06-80033-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete MANOHARAN, SWEETLIN 759 LAKE WELLINGTON DR WEST PALM BEACH FL 33414			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: V. R. Manoharan **VICTOR MANOHARAN** 2/13/06 561-966-3399