

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000062434

**FILED**  
**Mar 01, 2010**  
**Secretary of State**

**Entity Name:** WOODHAVEN ANIMAL CLINIC, INC.

**Current Principal Place of Business:**

4248 FORESTHILL BLVD  
WEST PALM BEACH, FL 33406

**New Principal Place of Business:**

**Current Mailing Address:**

4248 FORESTHILL BLVD  
WEST PALM BEACH, FL 33406

**New Mailing Address:**

**FEI Number:** 65-0522761

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MANOHARAN, VICTOR  
759 LAKE WELLINGTON DR  
WEST PALM BEACH, FL 33414 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** MANOHARAN, VICTOR  
**Address:** 15435 GRUMMAN CT  
**City-St-Zip:** WELLINGTON, FL 33414

**Title:** D  
**Name:** MANOHARAN, SWEETLIN  
**Address:** 15435 GRUMMAN CT  
**City-St-Zip:** WELLINGTON, FL 33414

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:** VICTOR MANOHARAN

**DIRE**

**03/01/2010**

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date