

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000081747

1. Entity Name
WYNN HAVEN ANIMAL CLINIC, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 16 AM 8:00

Principal Place of Business
351 WOODLAND AVE HWY 98 W
MARY ESTHER, FL 32569

Mailing Address
351 WOODLAND AVE HWY 98 W
MARY ESTHER, FL 32569

2. Principal Place of Business

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052004

Chg-P

CR2E034 (10/03)

MRB

City & State

City & State

4. FEI Number
59-3539526

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PLEAT, DAVID B
4477 LEGENDARY DR., STE. 202
DESTEIN, FL 32541

Name *R. Lane Lynchard*
Street Address (P.O. Box Number is Not Acceptable)

8285 Navarre Pkwy
City *Navarre* FL Zip Code *32566*

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/6/04
DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME SOROKEN, MARK HOWARD D.V.M.
STREET ADDRESS 2599 HWY. 98 W.
CITY-ST-ZIP MARY ESTHER, FL 32569

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 500034455875
CITY-ST-ZIP 04/28/04--01055--001 **\$61.25

TITLE D ☐ Delete
NAME LYN-SOROKEN, MARGARET
STREET ADDRESS 2599 HWY. 98 W.
CITY-ST-ZIP MARY ESTHER, FL 32569

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Treas. Jim Whiteside
STREET ADDRESS 9062 Navarre Parkway
CITY-ST-ZIP Navarre FL 32566

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Mark H. Soroken* Mark H Soroken 4/9/04 (850) 581-2213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #