## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Feb 03 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000010468 (1)

BEST FRIENDS VETERINARY HOSPITAL, INC.

Principal Place of Business Mailing Address										- I koalioon kio idkif kodik bokil ookil ookil ookil ookil bokil ookil ookil ookil ookil ookil idal	
4775 NO CONGRESS AVE. 4775 NO CONGRESS AVE. LANTANA FL 33462 LANTANA FL 33462							AVE.				DO NOT WRITE IN THIS SPACE
											3. Date Incorporated or Qualified
2. Principal Place of Business 2a. Mailing Address											01/29/1997 4. FEI Number Applied For
21						26					115-07/8572 Not Applicable
ļ	Suite, Apt. #, etc.					Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional
22	22					27					Fee Required
_	City & State					City & State					6. Election Campaign Financing \$5.00 May Be
23	Zip	ip Country				Zip Country					Trust Fund Contribution Added to Fees
24		25 29 30					_	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
9, Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent		
	ко	BITZ-CHAP	MAN, CAROLE A	1				81	Name		
4775 NO CONGRESS AVE.								82	2 Street Add		ss (P.O. Box Number is Not Acceptable)
LANTANA FL 33462								83			
								63			
								84	City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office of registered agent or both in the State of Florida Synth shapes were suited.								above	e-name	corpo	retion submits this statement for the nursess of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointmen agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											and specifically accept the appointment as registered
SIGNATURE											
									nt signatur	benupen e	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE POSIDENT . DELETE						DELETE		13.			Change Addition
NAN	AE	KObit 2	- Chaiman	) CAN	olc	A.	1.2	NAME			
STR	EET ADDRESS	4775		gress	AU	e.	1.3	STREET	address		
CHY-SI-ZIP LANTANA, FL 3				335	<b>3462</b> 140			CITY-S	1- <b>2</b> IP		
TITLE			.J.	☐ DELETE 2				21 TITLE			Change Addition
NAME								2.2 NAME			
STREET ADDRESS				1				2.3 STREET ADDRESS			
CITY-ST-ZIP					DELETE	2. 4 CITY - ST - ZIP			<del> </del>		
TITLE NAME								TITLE			☐ Change ☐ Addition
	STREET ADDRESS						3.2 NAME 3.3 STREET ADDRESS				
								3.4. City-ST-ZIP			
						DELETE		4.1 TITLE		<del> </del>	Change Addition
NAME							4. 2	4. 2 NAME			v <u></u>
STREET ADDRESS					4.3	4.3 STREET ADDRESS					
CITY-ST-ZIP							4.4	4.4 CITY-ST-ZIP			
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STR	EET ADDRESS		į.					5.3 STREET ADDRESS			
CITY-ST-ZIP					5.4 0				- ZIP	<u> </u>	
TITL						☐ DELETE		TITLE			Change Addition
NAM								6.3 STREET ADDRESS			
STR	EET ADDRESS						6.3	STREET A	ADDRESS		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.