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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000010468

BEST FRIENDS VETERINARY HOSPITAL, INC.

Principal Plac	e of Business	Mailing Address				i immelimen ista sideni	ÚBBIT BBITH AT			91 318 611	181 1811 1881
4775 NO CON	GRESS AVE.	4775 NO CONGRESS AVE.									
LANTANA FL 33462 LANTANA FL 33462						DO NOT WRITE IN THIS SPACE					
					3.	. Date Incorporated of	or Qualifed				
					1	01/29/1997					ľ
2. Principal P	Place of Business	2a. Mailing Address			4.	FEI Number		_		Appli	ed For
21		26				65-0718572				Not A	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		-	5.	Certificate of Status	Desired			5 Add	ditional iired
City & Stat	te	City & State			6.	Election Campaign	Financing	П		00 м	
23		28				Trust Fund Contribu	ution		Add	led to I	Fees
Zip 24	Country 25	Zip 30	Countr	У	8.	This corporation ow Personal Property 1		ent year Inta	ngible Yes]No
1	9. Name and Address of Curre	nt Registered Agent				Name and Addres	s of New	Registered A	gent		
	DITT CHADMAN CADOLE A		8	1 Name							
	BITZ-CHAPMAN, CAROLE A 5 NO CONGRESS AVE.		8:	2 Street	Address (F	Address (P.O. Box Number is Not Acceptable)					
	ITANA FL 33462		8:	3			-				_
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			8			the state of the s		FL	1 1	Zip Co	
office or r agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was auth	the abo	ve-named y the corp	d corporatio poration's be	on submits this statem loard of directors. I he	nent for the ereby acce	purpose of opt the appoin	changing	its re	gistered
office or r	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was auth ations of, Section 607.0505, Florida	the abo norized b a Statute	ve-named y the corp es.	required when i	reinstating)	ereby acce	purpose of opt the appoin	changing itment a	g its re s regis	egistered stered
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CITY-ST-ZIP 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, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

☐ Change

☐ Addition

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90081 048 ***150.00