


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000010468

1. Entity Name
BEST FRIENDS VETERINARY HOSPITAL, INC.



FILED

06 NOV 13 AM 11:47

Principal Place of Business
4775 NO CONGRESS AVE.
BOYNTON BEACH, FL 33426 US

Mailing Address
4775 NO CONGRESS AVE.
BOYNTON BEACH, FL 33426 US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT *06*



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
65-0718572

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KOBITZ-CHAPMAN, CAROLE A
4775 NO CONGRESS AVE.
BOYNTON BEACH, FL 33426

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 *Carole A. Kowitz-Chapman* DATE *10/26/06*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOBITZ, -CHAPMAN C 4775 N CONGRESS AVE BOYNTON BEACH, FL 33426 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700081387487 10/31/06--01049--005 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 *Carole A. Chapman* DATE *11/8/06* DAYTIME PHONE # *5616421247*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR