

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Jan 30, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # P97000010468**



1. Entity Name  
BEST FRIENDS VETERINARY HOSPITAL, INC.

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



01252007      No Chg-P      CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>65-0718572                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

**6. Name and Address of Current Registered Agent**

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

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IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>KOBITZ, -CHAPMAN C<br>4775 N CONGRESS AVE<br>BOYNTON BEACH, FL 33426 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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02/02/07-80053-006 150.00

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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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER