

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000010468

FILED  
Apr 21, 2011  
Secretary of State

**Entity Name:** BEST FRIENDS VETERINARY HOSPITAL, INC.

**Current Principal Place of Business:**

4775 NO CONGRESS AVE.  
BOYNTON BEACH, FL 33426 US

**New Principal Place of Business:**

**Current Mailing Address:**

4775 NO CONGRESS AVE.  
BOYNTON BEACH, FL 33426 US

**New Mailing Address:**

FEI Number: 65-0718572      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: COO  
Name: CHAPMAN, RYAN A COOWNER  
Address: 12312 EQUINE LANE  
City-St-Zip: WELLINGTON, FL 33414 US

Title: O  
Name: KOBITZ-CHAPMAN, CAROLE A OWNER  
Address: 12312 EQUINE LANE  
City-St-Zip: WELLINGTON, FL 33414 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAROLE CHAPMAN

PRES

04/21/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date