

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000010468

FILED
Jan 27, 2012
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:

4949 S. CONGRESS AVE.
SUITE A
LAKE WORTH, FL 33461 US

Current Mailing Address:

4775 NO CONGRESS AVE.
BOYNTON BEACH, FL 33426 US

New Mailing Address:

4949 S. CONGRESS AVE.
SUITE A
LAKE WORTH, FL 33461 US

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:

KOBITZ-CHAPMAN, CAROLE A
4949 S. CONGRESS AVE.
SUITE A
LAKE WORTH, FL 33461 US

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

01/27/2012

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 A. KOBITZ-CHAPMAN

Electronic Signature of Signing Officer or Director

DVM

01/27/2012

Date