

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S51789** (3)

1. Corporation Name

BARRY VETERINARY HOSPITAL, INC.



Principal Place of Business

49975 EMERALD COAST PKWY
DESTIN FL 32541

CHANGE to;

Mailing Address

49975 EMERALD COAST PKWY
DESTIN FL 32541

29 SOUTH SHORE DRIVE
DESTIN, FL 32541

3. Date Incorporated or Qualified
05/09/1991

3a. Date of Last Report
04/03/1995

2. Principal Place of Business

21 **BARRY VETERINARY HOSPITAL**

Suite, Apt. #, etc.

22 **29 SOUTH SHORE DR.**

City & State

23 **DESTIN, FL**

24 Zip **32541**

25 Country **USA**

26 Mailing Address

26 **BARRY VETERINARY HOSPITAL**

Suite, Apt. #, etc.

27 **29 SOUTH SHORE DR.**

City & State

28 **DESTIN, FL**

29 Zip **32541**

30 Country **USA**

31 FEI Number

31 **59-3068292**

32 Certificate of Status Desired

32 \$8.75 Additional Fee Required

33 Election Campaign Financing Trust Fund Contribution

33 \$5.00 May Be Added to Fees

34 This corporation has liability for intangible tax under s. 199.032, Florida Statutes

34 Yes No

9. Name and Address of Current Registered Agent

BARRY, PATRICK H.G., D.M.V.
49975 EMERALD COAST PARKWAY
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name **PATRICK H.G. BARRY, DVM**
82 Street Address (P.O. Box Number is Not Acceptable)
29 SOUTH SHORE DRIVE
83 **D**
84 City **DESTIN** FL 85 Zip Code **32541**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Patrick H.G. Barry, DVM

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-23-96

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARRY, PATRICK H.G., D.M.V.	
STREET ADDRESS	ROUTE 1, BOX 2826	
CITY-ST-ZIP	SANTA ROSA BEACH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BARRY, KATHY K.	
STREET ADDRESS	ROUTE 1, BOX 2826	
CITY-ST-ZIP	SANTA ROSA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PATRICK BARRY	
1.3 STREET ADDRESS	29 SOUTH SHORE DR	
1.4 CITY-ST-ZIP	DESTIN, FL 32541	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KATHY BARRY	
2.3 STREET ADDRESS	29 SOUTH SHORE DR	
2.4 CITY-ST-ZIP	DESTIN, FL 32541	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Patrick H.G. Barry, DVM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK H.G. BARRY, DVM
4-23-96

Date Daytime Phone #

CR2E034 (12/95)