


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # S51789 1. Entity Name BARRY VETERINARY HOSPITAL, INC.	
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Principal Place of Business 29 SOUTH SHORE DR DESTIN, FL 32550 US	Mailing Address 29 SOUTH SHORE DR DESTIN, FL 32550 US
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**DO NOT WRITE IN THIS SPACE**



01302007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3068292	Applied For 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

BARRY, PATRICK H.G., D.M.V.  
 29 SOUTH SHORE DRIVE  
 DESTIN, FL 32550

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 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 NAME STREET ADDRESS CITY-ST-ZIP	PD BARRY, PATRICK H.G., DMV 29 SOUTH SHORE DR DESTIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BARRY, KATHY K. 29 SOUTH SHORE DR DESTIN, FL
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 03/05/07-80013-012 150.00

**DO NOT WRITE IN THIS SPACE**

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: *Patrick H.G. Barry* Date: 2-19-07 Daytime Phone #: 850 8377072  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR