


2008 FOR PROFIT CORPORATION ANNUAL REPORT

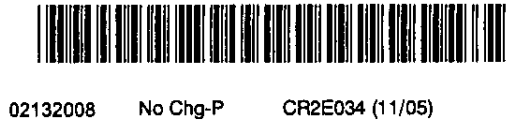
FILED
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # S51789
 1. Entity Name
BARRY VETERINARY HOSPITAL, INC.



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



4. FEI Number 59-3068292	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. 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, 2008 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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000000-69980
 04/09/08-80054-0201150-00-04

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 DVM **PATRICK H.G. BARRY DVM** 3-18-08 8508377072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #