

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S51789

**Entity Name:** BARRY VETERINARY HOSPITAL, INC.

**Current Principal Place of Business:**

29 SOUTH SHORE DR  
MIRAMAR BEACH, FL 32550

**Current Mailing Address:**

29 SOUTH SHORE DR  
MIRAMAR BEACH, FL 32550 US

**FEI Number:** 59-3068292

**Certificate of Status Desired:** No

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

BARRY, PATRICK H.G., DVM  
29 SOUTH SHORE DRIVE  
MIRAMAR BEACH, FL 32550 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name BARRY, PATRICK H.G.,DVM  
Address 29 SOUTH SHORE DR  
City-State-Zip: MIRAMAR BEACH FL 32550

Title STD  
Name BARRY, KATHY K.  
Address 29 SOUTH SHORE DR  
City-State-Zip: MIRAMAR BEACH FL 32550

*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:** CHRISTY KENT

**CVT/OFFICE MANAGER**

**04/06/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date