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(Requestor's Name)
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COVER LETTER,

TO: Amendment Section **Division of Corporations**

SUBJECT: Dissolution of Corpo	oration	
DOCUMENT NUMBER:		
The enclosed Articles of Dissolution and f	ee are submitted for	filing.
Please return all correspondence concernin	g this matter to the fo	ollowing:
Janice Gregory		
(Name of	Contact Person)	
Gregory Veterinary Clinic, Inc.	 	
(Fire	n/Company)	
1329 West Fletcher Ave.		
(A	ddress)	
Tampa, FL 33612	•	
	te and Zip Code)	
For further information concerning this ma	tter, please call:	
Janice Gregory	at (_813)	727-6151
(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)
Enclosed is a check for the following amou	nt:	
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status		Certificate of Status &
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	I C	TREET ADDRESS: Amendment Section Division of Corporations Clifton Building 1661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Gregory Veterinary Clinic, Inc.
SECOND:	
THIRD:	The date dissolution was authorized: March 31, 2010
	Effective date of dissolution if applicable: March 31, 2010 (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	Dissolution was approved by the shareholders through voting groups.
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
	(voting group) AHASY (voting group)
	Signature: (By a directo), president or other officer - if directors of officers have not been selected, by an incorporation - if in the hards of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) [Typed or printed name of person signing]
	President
	(Title of person signing)

Filing Fee: \$35