

1. Entity Name
HAMMOCKS VETERINARY HOSPITAL, INC.

Principal Place of Business
10201 HAMMOCKS BLVD. #103
MIAMI FL 33186

Mailing Address
10201 HAMMOCKS BLVD. #103
MIAMI FL 33186

12825- 12829
#150
02 MAY -6 4:15/05
4/25/02



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **65-0121422** Applied Not Appl

6. Name and Address of Current Registered Agent
SHELDON, KATHERINE DODDS
10201 HAMMOCKS BLVD., #103
MIAMI FL 33186

7. Name and Address of New Registered Agent
Name **Sheldon, Katherine Dodds**
Street Address (P.O. Box Number is Not Acceptable)
City

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.
FL Zip Code

SIGNATURE *[Signature]*
By, name, title, or printed name of registrant, agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHELDON, KATHERINE DODDS	
STREET ADDRESS	10201 HAMMOCKS BLVD #103	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SHELDON, STEPHEN	
STREET ADDRESS	10201 HAMMOCKS BLVD #103	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
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****150.00 ****150.00

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Katherine Dodds Sheldon, Res 4.15.02 (970) 390-8981

April 22, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Atten: Andy Dunlop
Reinstatement Section Supervisor

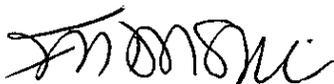
Dear Mr. Dunlop,

I am writing this letter in order to remind you of the situation with Hammocks Veterinary Hospital, Inc FEI # 65-0121422. I am the one who may or may not have mailed a check to you last week (lost the envelope, etc).

Please find enclosed a copy of the UBR form and a check for \$150.00. Please look to see if a previous check (#12825 dated 4/15/02 for \$150.00) has already arrived. If so, please return this check and accept my apologies.

Thanks for you help in this matter!

Sincerely,



Katherine Dodds Sheldon, Pres, DVM
Hammocks Veterinary Hospital, Inc.