

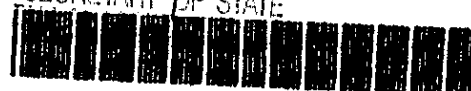
Entity Name  
**HAMMOCKS VETERINARY HOSPITAL, INC.**

Principal Place of Business  
**10201 HAMMOCKS BLVD. #103  
MIAMI FL 33198**

Mailing Address  
**10201 HAMMOCKS BLVD. #103  
MIAMI FL 33198**

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

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

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

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name **Sheldon, Katherine Dadds**  
Street Address ☐ Box Number is Not Acceptable  
City **FL** Zip Code

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.

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

(NOTE: Registrant Agent signature required when reinstating)

DATE

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 1 Added to Fees

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addit
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Dadds 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

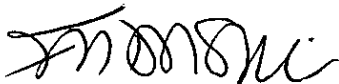
Dear Mr. Dunlop,

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.