1050000007482

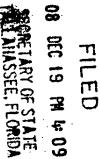
(Re	questor's Name)	
(Ad	dress)	
. (Ad	idress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



000138716860

12/19/08--01019--017 **175.00



D. BRUCE

DEC 2 3 2008

EXAMINER

THE MARION LAW FIRM, LLC.

BETTY D. MARION, ESQ.

KENNETH A. GLASPEY, ESQ.

December 18, 2008

Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re: PETERSON & SMITH EQUINE HOSPITAL, LLC, a Florida Limited Liability Company, PETERSON & SMITH AMBULATORY SERVICES, LLC, a Florida Limited Liability Company, and PAWS & CLAWS MOBILE PET CLINIC, LLC, PETERSON & SMITH EQUIPMENT COMPANY, a Florida Corporation, and PETERSON & SMITH PROPERTIES,

Dear Sir/Madam:

Enclosed please find the following for filing:

- 1. Cover Letter and the Resignation as Corporate Member and/or Member for Paws & Claws Mobile Pet Clinic, LLC.
- 2. Cover Letter and the Resignation as Corporate Officer and/or Director for Peterson & Smith Properties, Inc.
- 3. Cover Letter and the Resignation as Corporate Manager and/or Member for Peterson & Smith Equine Hospital, LLC.
- 4. Cover Letter and the Resignation as Corporate Manager and/or Member for Peterson & Smith Ambulatory Services, LLC.
- 5. Cover Letter and the Resignation as Corporate Officer and/or Director for Peterson & Smith Equipment Corporation.

Also enclosed is check number 570 in the amount of \$175.00 made payable to the Florida Department of State for the filing fee for each of the documents. If there is anything further that you may need, please do not hesitate to contact my office. Thank you for your assistance in this matter.

Sincerely,

Kenneth A. Glaspey

KAG/tle

Enclosures

ATTORNEYS & COUNSELORS AT LAW 310 SE 8TH STREET OCALA, FL 34471 PHONE (352)304-5454

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Paws & Claws Mobile Pet Clinic, LLC				
(Name of Corporation)				
DOCUMENT NUMBER:				
The enclosed Officer/Director Resignation	ation for a Corporation and fee are submitted for t	filing.		
Please return all correspondence conc	erning this matter to the following:			
Philip M. Matthews, D.V.M.		T. 2		
(Name of Person	<u>)</u>			
Peterson & Smith Equine Hospita	al, LLC	ETAS TAS		
(Name of Firm/Com	pany)	RY O		
4747 SW 60th Avenue		OF STATE		
(Address)		E H 9		
Ocala, FL 34474				
(City/State and Zip C	Code)			
For further information concerning th	is matter, please call:			
Kenneth A. Glaspey, Esquire (Name of Person)	at (352) 304-5454 (Area Code & Daytime Telephone Num	ber)		
Enclosed is a check for \$35.00 made p	payable to the Florida Department of State.	·		
Amendment Section Division of Corporations Clifton Building	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314			

RESIGNATION AS CORPORATE MANAGER AND/OR MEMBER

PHILIP M. MATTHEWS, D.V.M., J. KEVIN HAHN, D.V.M., DONNIE E. SLONE, D.V.M., WILLIAM B. RUSSELL, D.V.M., CAROL C. CLARK, D.V.M., FAITH E. HUGHES, D.V.M., and ALLEN B. RIGGS, D.V.M., (hereinafter collectively referred to as MEMBERS) as MEMBERS of PAWS & CLAWS MOBILE PET CLINIC, LLC, a Florida Limited Liability Company, hereby consent to, approve and adopt the following resolutions, this action to be in lieu of the holding of a special meeting of the MANAGERS AND/OR MEMBERS:

RESOLVED, that the resignation of JOHN L. PETERSON, D.V.M., a Member and/or Manager of PAWS & CLAWS MOBILE PET CLINIC, LLC, a Florida Limited Liability Company, effective on this the 1st day of January, 2008, is accepted.

RESOLVED FURTHER, that the vacancy resulting from this resignation shall be filled by the MANAGERS AND/OR MEMBERS at the next regular meeting.

MATTHEWS, D.V.M.

DONNIE E. SLONE, D.V.

CAROL C. CLARK, D.V.M.

FAITH E. HUGFES, D.V.M.

WILLIAM B. RUSSELL, D.V.M.

ALLEN B. RIGGS, D.V.M.