

L 40564

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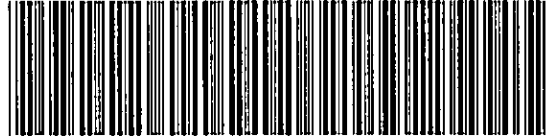
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lake Osborne Animal Clinic, Inc.

Name of Corporation

DOCUMENT NUMBER: L40564

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John T. Lynch DVM Director

Name of Contact Person

Lake Osborne Animal Clinic

Firm/Company

1502 Lake Osborne Drive

Address

Lake Worth, FL 33461

City/State and Zip Code

ruthbeachwalker@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John T. Lynch DVM

at (561) 586-2332

Name of Contact Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☒ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF CORRECTION

For

Lake Osborne Animal Clinic, Inc.

Name of Corporation as currently filed with the Florida Dept. of State

L40564

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct Articles of Incorporation of Lake Osborne Animal Clinic, Inc.
(Document Type Being Corrected)

filed with the Department of State on January 2nd, 1990
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Add an Officer to the Corporation.

Correct the inaccuracy, incorrect statement, or defect:

Add Eric T. Lynch DVM as Officer to Lake Osborne Animal Clinic, Inc.

(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

John Terin Lynch DVM

(Typed or printed name of person signing)

Director

(Title of person signing)

Filing Fee: \$35.00