

N02000009295

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EFFECTIVE DATE

12-31-06

12/21/06--01008--015 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2006 DEC 21 PM 4:18

PS 12/27/06  
N/A

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** PET THERAPY OF SOUTH FLORIDA, INC.

**DOCUMENT NUMBER:** N02000009295

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BOB MAHONEY, CPA

(Name of Contact Person)

ROBERT F. MAHONEY, PA, CPA

(Firm/ Company)

7777 GLADES ROAD, STE 209

(Address)

BOCA RATON, FL 33434

(City/ State and Zip Code)

For further information concerning this matter, please call:

BOB MAHONEY, CPA

(Name of Contact Person)

at ( 561 ) 451-9990

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

**Mailing Address**

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

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2006 DEC 21 PM 4:18

(Name of corporation as currently filed with the Florida Dept. of State)

EFFECTIVE DATE

12-31-06

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

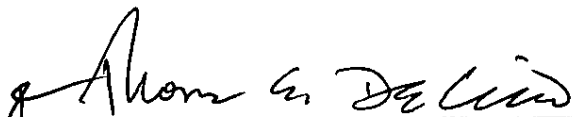
(Attach additional pages if necessary)  
(continued)

The date of adoption of the amendment(s) was: 12/16/06

Effective date if applicable: 12/31/06  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

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

THOMAS E. DECICCO  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)

**FILING FEE: \$35**