## N22 2000 006 991

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(01), 01000 _,,, 11000 1,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
3
J. HORNE
[AN - 2 0000
JAN - 3 2023





700395268047

10/03/22--01033--008 \*\*35.00



## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: VETERINARY HYPE	REBARIC ASSOCIATION, TNC.
DOCUMENT NUMBER: N22000	006991
The enclosed Articles of Correction and for	ee are submitted for filing.
Please return all correspondence concernit	ng this matter to the following:
FRANCESCA MELON I Name of Contact Person	
Firm/Company	
714 HERON DR.	
PLANTER 2510@ 4H60. Con E-mail address: (to be used for future annual r	
For further information concerning this m	atter, please call:
FRANCESCA MELONI	at ( S61 ) 3440773 Daytime Telephone Number
(valle of Condit Letson	
Enclosed is a check for the following amo	ount:
\$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

	11220	2000 5 ( 99 )	FALI
	Doce	20006991 ument Number (if known)	7. A
ursuant to the provision	ons of Section 617.	0124, Florida Statutes, this corporat	وَدُونَ چَ ion files the <b>se</b>
articles of Correction	within 30 days of th	ne file date of the document being co	prected.
		(Document Type Being Corrected)	N ~
iled with the Departm	ent of State on	6 - 21 - 22 (File Date of Document)	-
specify the inaccuracy			
DIRECTOR	LISTED AS	" SHELENA HOBERG A	NDREW"
15 INCORRE		-	
<del> </del>	<del></del>		······
		<u></u>	
		<del></del>	
	incorrect statemen		
		DR ANDREW TURKELL	" AND SHOU
DIRECTOR	NAME IS	DR. ANDREW TURKELL	" AND SHOW
DIRECTOR	NAME IS	DR. ANDREW TURKELL ACE OF ABOVE LISTED	" AND SHOU ERROR.
DIRECTOR	NAME IS	DR. ANDREW TURKELL ACE OF ABOVE LISTED	" AND SHOW ERROR.
DIRECTOR	NAME IS	DR. ANDREW TURKELL ACE OF ABOVE LISTED	" AND SHOU ERROF.
DIRECTOR	NAME IS	DR. ANDREW TURKELL ACE OF ABOVE LISTED	" AND SHOU ERROR .
Correct the inaccuracy.  DIRECTOR  BE SUBSI	NAME IS	DR. ANDREW TURKELL ACE OF ABOVE LISTED	" AND SHOU ERROF.
DIRECTOR	NAME IS	DR. ANDREW TURKELL ACE OF ABOVE LISTED	" AND SHOU ERROR .
DIRECTOR	NAME IS	DR. ANDREW TURKELL ACE OF ABOVE LISTED	" AND SHOU ERROR.
DIRECTOR	NAME IS	DR. ANDREW TURKELL ACE OF ABOVE LISTED	" AND SHOU ERROP.
DIRECTOR	NAME IS	DR. ANDREW TURKELL  ACE OF ABOVE LISTED	" AND SHOU ERROF.
DIRECTOR	NAME IS TOTED IN PL	m McCai;	" AND SHOU ERROP.
DIRECTOR	TUTED IN PL	ACE OF ABOIE LISTED  Tesident or other officer - if directors or officers have neopropriator - if in the hands of the receiver, trustee, or	" AND SHOU ERROF.
DIRECTOR	NAME IS Z	ACE OF ABOIE LISTED  Tesident or other officer - if directors or officers have neopropriator - if in the hands of the receiver, trustee, or	" AND SHOU ERROP.
DIRECTOR BE SUBSI	(Signature of a director, proof been selected, by an ir other court appointed fide	ACE OF ABOIE LISTED  Tesident or other officer - if directors or officers have neopropriator - if in the hands of the receiver, trustee, or	" AND SHOU ERROF.
DIRECTOR BE SUBSI	(Signature of a director, proof been selected, by an ir other court appointed fide	ACE OF ABOIE LISTED  resident or other officer - if directors or officers have neorporator - if in the hands of the receiver, trustee, or aciary, by that fiduciary.)	AND SHE

Filing Fee: \$35.00