

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000030469

**FILED**  
**Oct 08, 2009**  
**Secretary of State**

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

**Current Principal Place of Business:**

10201 HAMMOCKS BLVD.  
103  
MIAMI, FL 33196

**New Principal Place of Business:**

10201 HAMMOCKS BLVD.  
103  
MIAMI, FL 33196 US

**Current Mailing Address:**

10201 HAMMOCKS BLVD.  
103  
MIAMI, FL 33196

**New Mailing Address:**

10201 HAMMOCKS BLVD.  
103  
MIAMI, FL 33196 US

**FEI Number:** 30-0055909

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JENNIFER S. HEW, D.V.M.  
25125 SW 192ND.  
HOMESTEAD, FL 33031 US

**Name and Address of New Registered Agent:**

JENNIFER S. HEW, D.V.M.  
10201 HAMMOCKS BLVD.  
103  
MIAMI, FL 33196 US

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: JENNIFER S. HEW, DVM

10/08/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PDS ( ) Delete  
Name: HEW, JENNIFER S  
Address: 25125 SW 192ND AVE.  
City-St-Zip: HOMESTEAD, FL 33031

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR. (X) Change ( ) Addition  
Name: HEW, JENNIFER S  
Address: 10201 HAMMOCKS BLVD., #103  
City-St-Zip: MIAMI, FL 33196 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER S. HEW, DVM

DR.

10/08/2009

Electronic Signature of Signing Officer or Director

Date