

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000030469

**FILED**  
**Oct 06, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

10201 HAMMOCKS BLVD.  
103  
MIAMI, FL 33196 US

**New Principal Place of Business:**

**Current Mailing Address:**

10201 HAMMOCKS BLVD.  
103  
MIAMI, FL 33196 US

**New Mailing Address:**

**FEI Number:** 30-0055909      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

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

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

HEW, JENNIFER S  
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

10/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

I hereby 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 all other like empowered.

SIGNATURE: JENNIFER S. HEW, DVM

DR

10/06/2011

Electronic Signature of Signing Officer or Director

Date