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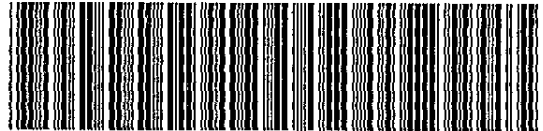
Special Instructions to Filing Officer:

*Lori gave Authorization  
to correct this Dissolution*

*10/27*

*ZB*

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FILED  
04 OCT 18 AM 10:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*76/dis.*

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10/27*



*Law Office of*  
**TIMOTHY C. SCHULER**

Board Certified  
Real Estate Law

9075 Seminole Boulevard - Seminole, Florida 33772  
(e-mail) Lotcs@aol.com

Phone (727) 398-0011  
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October 14, 2004

Secretary of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**RE: Articles of Dissolution  
BAYCREST VETERINARY HOSPITAL, INC.**

Dear Sirs:

Please find enclosed with this letter the original Articles of Dissolution for the BAYCREST VETERINARY HOSPITAL, INC., a Florida Corporation, for filing with your office.

We have also enclosed a second copy and a self-addressed prestamped envelope for your date stamping the time of filing these Articles of Dissolution and returning the same date stamped copy to this office.

Also enclosed is our check for the \$35.00 filing fee.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Timothy C. Schuler'.

Timothy C. Schuler

TCS/jmw  
Enclosures

**ARTICLES OF DISSOLUTION  
OF  
BAYCREST VETERINARY HOSPITAL, INC.**

FILED  
04 OCT 18 AM 10:2  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned corporation (the "Corporation"), in accordance with the Florida General Corporation Act and its Articles of Incorporation, hereby adopts the following Articles of Dissolution:

1. Corporate Name: The name of the Corporation is: BAYCREST VETERINARY HOSPITAL, INC..

2. Adoption: The <sup>Dissolution</sup> ~~Amendment~~ has been adopted by written consent of all of the shareholders of the Corporation on this 12<sup>th</sup> day of October, 2004, pursuant to Sections 607.1402 - 1403, Florida Statutes.

3. Effective Date: The Dissolution is effective upon filing.

IN WITNESS WHEREOF, the undersigned have executed and signed these Articles of Dissolution on behalf of the Corporation this 12<sup>th</sup> day of October, 2004.

By: [Signature]  
DAVID C. TOLLON, President

ATTESTED TO BY:

[Signature]  
CAROL A. SCHUBERT, Secretary

STATE OF FLORIDA  
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this 12<sup>th</sup> day of October, 2004, by DAVID C. TOLLON, who is/are personally known to me or who has produced a Florida state driver's license as proof of identification, and who also acknowledges the foregoing as a true and correct copy of Articles of Dissolution of BAYCREST VETERINARY HOSPITAL, INC., duly adopted by all of the directors and all of the shareholders of the corporation.

[Signature]  
NOTARY PUBLIC - St. of FL at large



Lori L. Hayes  
MY COMMISSION # DD044716 EXPIRES  
August 28, 2005  
BONDED THRU TROY FAIN INSURANCE, INC.