

Florida Department of State  
Division of Corporations  
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN**  
**TOWN & COUNTRY ANIMAL HOSPITAL OF COLLIER COUNTY, IN**

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October 12, 2007

FLORIDA DEPARTMENT OF STATE

TOWN & COUNTRY ANIMAL HOSPITAL OF <sup>Division of Corporations</sup> COLLIER COUNTY, INC.  
1828 SANTA BARBARA BOULEVARD  
NAPLES, FL 34116

SUBJECT: TOWN & COUNTRY ANIMAL HOSPITAL OF COLLIER COUNTY, INC.  
REF: P07000107290

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please correct the name of the corporation where you specify the inaccuracy prior to the change.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Pamela Smith  
Regulatory Specialist II

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## ARTICLES OF CORRECTION

for

Town & Country Animal Hospital of Collier County, Inc.

Name of Corporation as currently filed with the Florida Dept. of State

P07000107290

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct Articles of Incorporation

(Document Type Being Corrected)

filed with the Department of State on September 26, 2007


(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

The name of the entity was submitted as Town & Country Animal Hospital of Collier  
County, Inc.

Correct the inaccuracy, incorrect statement, or defect:

The correct name of the entity is Town and Country Animal Hospital of Collier  
County, Inc.

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

Jane Chetkowski

(Typed or printed name of person signing)

DVM

(Title of person signing)

Filing Fee: \$35.00

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