P94000017046

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone #)
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	f Status
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Special Instructions to	Filing Officer:	
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1627

COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: Articles of Dissolution
DOCUMENT NUMBER: P9400017046
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Debbie Hill (Name of Contact Person)
(Name of Contact Person)
Animal Hospital of Panama City Beach Inc
5001 N. 12th Avenue (Address)
(Address)
Pensacola FL 32504 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Debbie Hill at (850) 202-2020 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
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MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:	
	Animal Hospital of Panama City Beach, Inc.	
SECOND:	The document number of the corporation (if known): P940000 17046	
THIRD:	The date dissolution was authorized: August 31,2007	
	Effective date of dissolution if applicable: August 31, 2007 (no more than 90 days after dissolution file date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)	
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.	
	Dissolution was approved by the shareholders through voting groups.	
The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:		
	The number of votes cast for dissolution was sufficient for approval by	
	(voting group)	
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)	
	Thomas Carlos (Typed or printed name of person signing)	
	(Typed of printed name of person signing)	
	(Title of person signing)	

Filing Fee: \$35