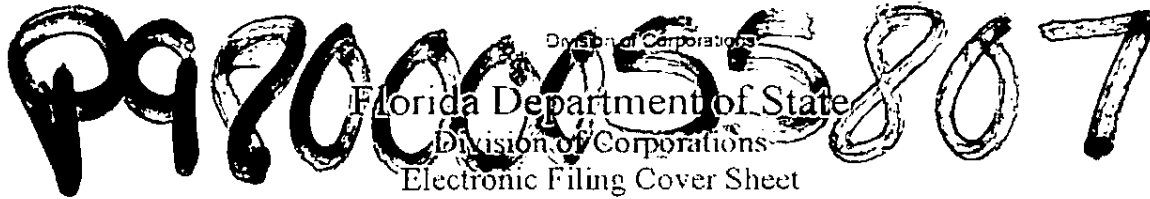
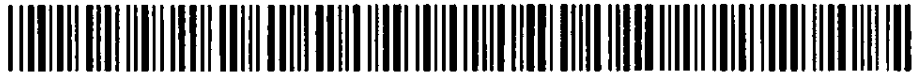


11/2/2017



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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : EAVENSON, FRASER, LUNSFORD & IVAN, PLLC
Account Number : I20140000035
Phone : (904)567-1162
Fax Number : (904)567-1065

**DISSOLUTION OR WITHDRAWAL
PONTE VEDRA ANIMAL HOSPITAL, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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1. LEMEX

NOV 03 2017

Diss notice

ARTICLES OF DISSOLUTION

OF

PONTE VEDRA ANIMAL HOSPITAL, INC.

Pursuant to Section 607.1403, Florida Statutes, the undersigned, being the President and sole Director of Ponte Vedra Animal Hospital, Inc., a Florida corporation (the "Corporation"), hereby submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State is Ponte Vedra Animal Hospital, Inc.

SECOND: The initial Articles of Incorporation of the Corporation were filed on June 22, 1998, and assigned document number P98000055807.

THIRD: Dissolution of the Corporation was approved on October 9, 2017, by the consent of the shareholders of the Corporation. The number of votes cast for dissolution was sufficient for approval.

FOURTH: These Articles of Dissolution shall be effective immediately upon the filing hereof.

IN WITNESS WHEREOF, the undersigned, being the President and sole Director of the Corporation, has executed these Articles of Dissolution on the date set forth below.


By: Darryl B. Hill, D.V.M.
Title: President, Director

Date: 10/12/17

FILED
2017 NOV -2 A 10 02
TALLAHASSEE, FLORIDA

NOTICE OF CORPORATE DISSOLUTION

This Notice of Corporate Dissolution (this "Notice") is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in Section 607.1407, Florida Statutes.

1. **Name.** The name of the corporation is Ponte Vedra Animal Hospital, Inc. (the "Corporation")

2. **Date of Dissolution.** The date of dissolution will be the date the Articles of Dissolution are filed with the Department of State.

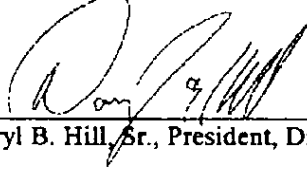
3. **Claim Information.** All claims must be presented in writing and must contain the following information -

- a. Name and contact information of the claimant;
- b. Date of event giving rise to the claim;
- c. A description of the nature and substance of the claim;
- d. Copies of written agreements or other documentation supporting claim, if any; and
- e. The amount of the claim.

4. **Address for Claims.** Claims cannot be sent to the Division of Corporations. The mailing address where claims can be sent follows:

Ponte Vedra Animal Hospital, Inc.
Attn: Darryl B. Hill, Sr.
28 Corona Road
Ponte Vedra Beach, Florida 32082

5. **Late Claims Barred.** A claim against the Corporation will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this Notice.


Darryl B. Hill, Sr., President, Director