

T98000001172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

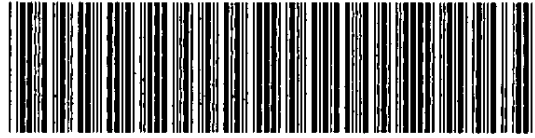
(Business Entity Name)

(Document Number)

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ASSIGNMENT ✓

T98-1172

File 1st

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08 JUN 20 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. CAUSSEAU

JUN 20 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HAMMOCKS VETERINARY HOSPITAL, INC.
(Name of Mark to be assigned)

Dear Sir or Madam:

The enclosed Mark Assignment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LETTY R. NELSEN
(Name of Person)

HAMMOCKS VETERINARY HOSPITAL, INC.
(Firm/Company)

10201 HAMMOCKS BLVD. #103
(Address)

MIAMI, FL 33196
(City/State and Zip Code)

For further information concerning this matter, please call:

LETTY R. NELSEN at (305) 388-0880
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILING FEE: \$50 per class

ASSIGNMENT OF MARK REGISTRATION

1. The mark to be assigned is: HAMMOCKS VETERINARY HOSPITAL, INC.

2. Registration Number: T98000001172

3. (a) Assignor's name: SHADON VETERINARY HOSPITAL, INC. F/N/A K53611
HAMMOCKS VETERINARY HOSPITAL, INC.

→ (b) Assignor's Business Address: PO Box 1555
GYPSUM, CO. 81637
City/State/Zip

If Different, Assignor's Mailing Address: SAME AS ABOVE

City/State/Zip

HAMMOCKS VETERINARY HOSPITAL, INC.

4. (a) Assignee's name: _____

(b) Assignee's Business Address: 10201 HAMMOCKS BLVD, STE. 102

MIAMI, FL 33196
City/State/Zip

If Different, Assignee's Mailing Address: SAME AS ABOVE

City/State/Zip

(c) Assignee's telephone number: (_____) _____

- Individual
- Corporation
- Joint Venture
- Limited Liability Company
- General Partnership
- Limited Partnership
- Union
- Other: _____

If other than an individual,

(1) Florida registration/ document number: P02000030469 (2) Domicile State: FLORIDA

(3) Federal Employer Identification Number: 30-0055909

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 TALLAHASSEE FLORIDA
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5. All right, title and interest in and to said mark, together with the good will of the business in which the mark is used (or that part of the good will of the business connected with the use of and symbolized by the mark) is hereby HAMMONDS VETERINARY HOSPITAL, INC.

assigned by STEVEN SHELDON to HAMMONDS VETERINARY HOSPITAL, INC. (the Assignor) (the Assignee) NEW KNOWN AS: SHELDON VETERINARY HOSPITAL, INC. (JENNIFER S. HOW DVM)

6. Assignor's Signature: [Signature]

STEPHEN SHELDON (Typed or Printed Name of Person Signing Above)

On this 16 day of JUNE, 2008 personally appeared before me,

[X] who is personally known to me [] whose identity I proved on the basis of

TRAMMY ANDERS NOTARY PUBLIC STATE OF COLORADO My Commission Expires 12/28/10

[Signature] Signature of Notary Public

7. Assignee's Signature: [Signature]

By JENNIFER S. HOW DVM (Typed or Printed Name of Person Signing Above)

On this 13th day of June, 2008 personally appeared before me,

[X] who is personally known to me [] whose identity I proved on the basis of

(Notary Seal) AMY SUE VARGAS MY COMMISSION # DD781827 EXPIRES February 24, 2012

[Signature] Signature of Notary Public

FILING FEE: \$50 per class Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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