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. CAUSSEAUX

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: SHELDON VETERINARY HOSPITAL, INC. F/N/A HAMMOCKS VETERINARY HOSPITAL, INC. K53611

(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

4. (a) Assignee's name: HAMMOCKS VETERINARY HOSPITAL INC.

(b) Assignee's Business Address: 10201 HAMMOCKS BLVD., STE. 103

MIAMI, FL 33196
City/State/Zip

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

City/State/Zip

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(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

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 assigned by (X) HAMMOCKS VETERINARY HOSPITAL, INC. NOW KNOWN AS: SHELDON VETERINARY HOSPITAL, INC. STEVEN SHELDON (the Assignor) to HAMMOCKS VETERINARY HOSPITAL, INC (the Assignee) (JENNIFER S. HSU DVM)

6. Assignor's Signature: (X)

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

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

☒ who is personally known to me ☐ whose identity I proved on the basis of _____

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

Tammy Anders
Signature of Notary Public

7. Assignee's Signature: (X)

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

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

☑ who is personally known to me ☐ whose identity I proved on the basis of _____

(Notary Seal)

AMY SUE VARGAS
MY COMMISSION # DD781627
EXPIRES February 24, 2012
(407) 398-0153 FloridaNotaryService.com

Signature of Notary Public

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TALLAHASSEE, FLORIDA

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Division of Corporations P. O. Box 6327 Tallahassee, FL 32314