## F02000001506

#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

SUBJECT: \_\_ANIMAL HOSPITAL OF ISLAMORADA, INC.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

to transact business in Florida.
Please return all correspondence concerning this matter to the following:  DR. Clifford Glade  -02/20/0201027001
(Name of Person) ******87.50 *****87.50  Animal Hospital of Islamorada, Inc. \\ \wo2-5222
(Firm/Company) 86000 Overseas Hwy. P.O. Box 1267
(Address) Islamorada, Florida 33036
(City/State and Zip code)  For further information concerning this matter, please call:  Joseph E. Thorrick at (305 ) 852-9800  (Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\text{S78.75 Filing Fee & Certificate of Status}\$\$ Certified Copy \$\text{Certificate of Status & Certified Copy}\$\$\$ Certified Copy



February 22, 2002

CLIFFORD GLADE PO BOX 1267 ISLAMORADA, FL 33036

SUBJECT: ANIMAL HOSPITAL OF ISLAMORADA, INC.

Ref. Number: W02000005222

We have received your document for ANIMAL HOSPITAL OF ISLAMORADA, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificateof existence from the same office that provided you with the certified copy.

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) 245-6097.

Michael Mays Document Specialist

Letter Number: 202A00011066

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. ANIMA	L HOSPITAL OF IS	LAMORADA,	INC.		
(Name of corp words or abbro	oration; must include the word eviations of like import in lang or partnership if not so contai	"INCORPORAT	ED", "COMPANY", "CORPO	ORATION" or on instead of a	
2. DELEW		3.	65-1151407		
(State or count)	ry under the law of which it is	incorporated)	(FEI number,	if applicable)	
4	- <del>-</del>	5,	Poppotusi		
(Da	te of incorporation)		(Duration: Year corp. will c	ease to exist or "perpetual")	_ '
6. Decemb	per 1, 2001				
	acted business in Florida. If c (SEE SEC	orporation has not CTIONS 607.1501,	transacted business in Florida 607.1502 and 817.155, F.S.)	, insert "upon qualification."	)
786000	Overseas Highwa	y Islamor	ada, Florida 330	36	
	(Pi	incipal office addr	ess)		<u>-</u> '-':
P.O. b	ox 1267 Islamor	ada, Flori	da 33036		
	(Ca	rrent mailing addr	ess)		- ' '.
. Anv au	thorized busenes	so use wall			
8. Purnosei	thorized buisnes (s) of corporation authorized in	s use ung	er the Law of th	e State (Vetern	arian <u>)</u>
(1 axposo	n periodinas nonselogios 10 (e.	nome state or cou	ntry to be carried out in state	of Florida)	
9. Name and str	<u>eet address</u> of Florida reg	istered agent: (	P.O. Box or Mail Drop Bo	x NOT acceptable)	
Name:	Joseph E. Thorr			0	
Office Address:	82245 Overseas	Hwy.	<u></u>	2 	0056 25.00 1
	Islamorada		Fi	ਲ ਨੂ	Con many
	(City)		Florida 33036 (Zip code)	_ 5 PH	
10. Registered a	gent's acceptance:			<b>☆</b>	
Having been nan	ted as registered agent and	l to accept servic	e of process for the above .	-4-4-3	n Fara
further agree to c	comply with the provisions	pt the appointme of all statutes re	ent as registered agent and lative to the proper and so	d agree to act in this capa	
with a with a	familiar with and accept th	e ovuganons of	my position as registered a	gent.	
	S. E. (	1			
~_	(Reg	istered agent's sign	ature)	<u> </u>	7.0 2.0
		- ~	•		

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

· 12. Names and business addresses of officers and/or directors:

A. DIRECTORS					
Chairman: Dr. Clifford M. Glade	. 1				
Address: P.O. Box 1267	<u> </u>				
<u>Islamorada, Florida 33036</u>					
Vice Chairman: Diane T. Glade		and the second			
Address: P.O. Box 1267					
±S±amorada. Florida 3303g	1				
Director:		· — · —			
Address:					
Director:					
Director:					
Address:					
	. 1.				
B. OFFICERS					
President:DrClifford M. Glade					
Address: _ P.O. Box 1267					
rsiamorada, Piorida 33036		منية مريوان			
Vice President: Diane T. Glade	erm				
Address: P.O. Box 1267	·- ·				
Islamorada, Florida 33036					
Secretary: <u>Dr. Clifford M. Glade</u>					
Address:same as above					
Treasurer Diane T. Glade	<u> 1 </u>	<del></del>			
Add Sama as above	<u> </u>	<del>画 T</del> git 蜡+3·			
Address: Game 43 above	<u></u>				
NOTE: If necessary, you may attach an addendum to the application listing additional additional actions and additional actions and additional actions are addendum to the application listing additional actions are addendum.	itional officers and/or directors				
12 (10.000) 9 (0-10					
(Signature of Chairman, Vice Chairman, or any officer listed in n	number 12 of the application)				
14. Dr. Clifford M. Glade		r r j			
(Typed or printed name and capacity of person signing application)					

# Delaware

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### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ANIMAL HOSPITAL OF ISLAMORADA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF MARCH, A.D. 2002.

OP NAME OF THE SERVICE OF THE SERVIC



Darriet Smith Hindson

AUTHENTICATION: 1656580

DATE: 03-11-02

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