2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 23, 2006
Secretary of State

DOCUMENT# F03000001953

Entity Name: PETHEALTH SERVICES (USA) INC.

Current Principal Place of Business:

3315 E. ALGONQUIN ROAD
STE. 450
ROLLING MEADOWS, IL 60008

New Principal Place of Business:

Current Mailing Address:

3315 E. ALGONQUIN ROAD
STE. 450
ROLLING MEADOWS, IL 60008

New Mailing Address:

710 DORVAL DRIVE
STE 400
OAKVILLE, ON L6K3V7 CA

FEI Number: 03-0509713 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MEGHAN RECORD

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: WARREN, EDWARD M MR.
Address: 710 DORVAL DRIVE STE 400
City-St-Zip: OAKVILLE, ON L6K3V7 CA

Title: DVPS ( ) Delete
Name: TENNISON, GLEN H MR.
Address: 710 DORVAL DRIVE STE 400
City-St-Zip: OAKVILLE, ON L6K3V7 CA

Title: T (X) Delete
Name: PERKINS, SONYA MS.
Address: 3315 E. ALGONQUIN ROAD STE. 450
City-St-Zip: ROLLING MEADOWS, IL 60008 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLEN TENNISON DVPS 10/23/2006

Electronic Signature of Signing Officer or Director — Date