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Florida Department of State

Division of Corporations

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FOREIGN PROFIT/NONPROFIT CORPORATION

Healthy Pet Corp. d/b/a HP Corp. of Delaware, Inc.

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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. Healthy Pet Corp.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

HP Corp. of Delaware, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware
(State or country under the law of which it is incorporated)

3. 06-1495021
(FEI number, if applicable)

4. October 7, 1997
(Date of incorporation)

5. Perpetual
(Duration: Your corp. will cease to exist or "perpetual")

6. ______
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 12401 West Olympic Boulevard, Los Angeles, CA 90064-1022
(Principal office address)

12401 West Olympic Boulevard, Los Angeles, CA 90064-1022
(Current mailing address)

8. Management services for veterinary practice
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

M. T. Fitzpatrick — M.T. FITZPATRICK ~~ASSISTANT SECRETARY~~
(Registered agent's signature)

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.

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

A. DIRECTORS

Chairman: Robert L. Antin

Address: 12401 West Olympic Boulevard
Los Angeles, CA 90064-1022

Vice Chairman:

Address:

Director: Arthur J. Antin

Address: 12401 West Olympic Boulevard
Los Angeles, CA 90064-1022

Director: Neil Tauber

Address: 12401 West Olympic Boulevard
Los Angeles, CA 90064-1022

B. OFFICERS

President: Robert L. Antin

Address: 12401 West Olympic Boulevard
Los Angeles, CA 90064-1022

Vice President: Tomas W. Fuller

Address: 12401 West Olympic Boulevard
Los Angeles, CA 90064-1022

Secretary: Tomas W. Fuller

Address: 12401 West Olympic Boulevard, Los Angeles, CA 90064-1022

Treasurer: Tomas W. Fuller

Address: 12401 West Olympic Boulevard, Los Angeles, CA 90064-1022

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. ______________________
(Signature of Director or Officer listed in number 12 of the application)

14. Tomas W. Fuller, Vice President and Secretary
(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 "HEALTHY PET CORP." 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 TWENTY-NINTH DAY OF MAY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 5710962

DATE: 05-29-07