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(Requestor's Name)

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(Address)

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2010 MAY -5 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. BUSH MAY 6 2010

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: VETCO Hospitals, 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," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Garrett Trawick

Name of Person

PawsPlus Inc.

Firm/Company

4152 Independence Ct., Ste C6

Address

Sarasota, FL 34234

City/State and Zip code

robert@pawsplus.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Waterston

Name of Person

at (941) 358-6204

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|--|--|---|---|

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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. VETCO Hospitals, INC.

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

VETCO Clinics Inc.

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

2. CA

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

3. 33-0702129

(FEI number, if applicable)

4. 2/26/96

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 3/1/10

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

7. 4152 Independence Ct., Ste C6, Sarasota, FL 34234

(Principal office address)

4152 Independence Ct., Ste C6, Sarasota, FL 34234

(Current mailing address)

8. Limited Veterinary Services

(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: NRAI Services, Inc

Office Address: 2731 Executive Park Drive, Suite 4

Weston, Florida 33331
(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.

Nicole Chouinard

(Registered agent's signature)

Nicole Chouinard, Assistant Secretary

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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: K. Bryan Shobe

Address: 4152 Independence Ct., Ste. C6, Sarasota, FL 34234

Vice Chairman: Melissa Shobe

Address: 4152 Independence Ct., Ste. C6, Sarasota, FL 34234

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: K. Bryan Shobe

Address: 4152 Independence Ct. Ste C6., Sarasota, FL 34234

Vice President: Melissa Shobe

Address: 4152 Independence Ct. Ste C6., Sarasota, FL 34234

4152 Independence Ct. Ste C6., Sarasota, FL 34234

Secretary: K. Bryan Shobe

Address: 4152 Independence Ct. Ste C6., Sarasota, FL 34234

Treasurer: _____

Address: _____

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

13. K. Bryan Shobe

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

14. K. Bryan Shobe, CEO, PRESIDENT

(Typed or printed name and capacity of person signing application)

State of California
Secretary of State

CERTIFICATE OF STATUS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ENTITY NAME:

VETCO HOSPITALS, INC.

FILE NUMBER: C1961610
FORMATION DATE: 02/26/1996
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of February 26, 2010.

Debra Bowen

DEBRA BOWEN
Secretary of State