

# F95000001069

## TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION  
DIVISION OF CORPORATIONS

SUBJECT: Calcutta Animal Hospital, 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.

Please return all correspondence concerning this matter to the following:

George Zola  
(Name of Person)  
Robins, Preston, Beckett, Taylor & Gogle Co.  
(Firm/Company)  
1328 Dublin Road  
(Address)  
Columbus, Ohio 43215  
(City, State and Zip Code)

Should you need to call someone concerning this matter, please call:

George Zola at ( 614 ) 486 - 3631  
(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:  
Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

MAILING ADDRESS:  
Qualification/Tax Lien Sec.  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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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. Calcutta Animal Hospital, Inc.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Ohio 3. 34-11,7707  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. July 2, 1973 5. perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.)
7. 2501 Alternate 19, Suite D  
Palm Harbor, Florida 34683  
(Current mailing address)
8. To engage in the practice of veterinary medicine  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent:  
Name: David C. Wallenhurst, D.V.M.  
Office Address: 2501 Alternate 19, Suite D  
Palm Harbor, Florida, 34683  
(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.*

David C. Wallenhurst  
(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.

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: David C. Wallenhurst, D.V.M.

Address: 2501 Alternate 19, Suite D

Palm Harbor, FL 34683

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: David C. Wallenhurst, D.V.M.

Address: 2501 Alternate 19, Suite D

Palm Harbor, FL 34683

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Daniel Wallenhurst

Address: 8429 Sherri Ave N.W.

Canal Fulton Ohio 44614

Treasurer: Daniel Wallenhurst

Address: \_\_\_\_\_

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

13. David C. Wallenhurst  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. David C. Wallenhurst, D.V.M., President  
(Typed or printed name and capacity of person signing application)

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UNITED STATES OF AMERICA,  
STATE OF OHIO,  
OFFICE OF THE SECRETARY OF STATE.

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*I, Bob Taft, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations and Miscellaneous filings; that said records show CALCUTTA ANIMAL HOSPITAL, INC., an Ohio professional corporation, Charter No. 441487, having its principal location in East Liverpool, County of Columbiana, was incorporated on July 2, 1973 and is currently in GOOD STANDING upon the records of this office.*

SECRETARY OF STATE  
DIVISION  
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WITNESS my hand and official  
seal at Columbus, Ohio this  
13th day of January , 1995

*Bob Taft*

Bob Taft  
Secretary of State