	ORPORATION NAME(S) & D	COMEN I NOMBER(S) (il Allowil).
1.	VCA St. Per	Versburg animal Happital Elie.
2.	(Corporation retine)	
3.	(Corporation Name)	1) Coolment (1)
	(Corporation Name)	(Document #)
4.	(Corporation Name)	(Document #)
	Walk in Pick up time	Certified Copy
	Mail out Will wait	Photocopy Certificate of Status
		CERTIFICATE OF GOOD STANDING
· : .	NEW FILINGS	AMENDMENTS
	Postin / /	Amendment Certificate of FICTICIOUS NAME
	NonProfit	Resignation of R.A. Officer/Director FICTICIOUS NAME SEARCH
: '	Limited Liability	Change of Registered Agent CORP SEARCH
- 1:-	Domestication	Dissolution/Withdrawal
	Other	Merger

•	OTHER FILNGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
X	Foreign
Ĺ	Limited Partnership
	Reinstatement
	Trademark
	Other

HOLD FOR PICKUP BY UCC SERVICES

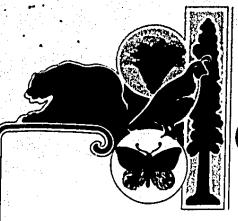
Examiner's Initials

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUB-MITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. <u>vc/</u>	A St. Petersburg Animal Ho	spital Inc.		
(Name words or	of corporation: the word "In	CORPORATED," "CON	PANY," or "CORF	PORATION" or
11010301	abbreviations of like import f a natural person or partner	in janguago, ae wili olog		
	partito		unume name at pr	esent.)
2				
	(State or country under the	he law of which it is inco	orporated)	
<u> </u>	ember 8 , 1995	4.	perpetual	
(Date	of Incorporation)		(Duration)	
5 95	-4553986			
	(Federal Employe	er Identification number	, if applicable)	
• No	vember 8, 1995			
	transacted business in Flor			nd 817.155, F.S
73420	Ocean Park Blvd. Suite	1000. Santa Monica. (CA 90405	
	(Curren	nt mailing address)		
o Owi	n and operate an Animal Ho	ognital facility		
				 ·
(=101 000	cription of the nature of the	business in which it is e	ingaged in the stat	e of Florida)
9. Names	and addresses of officers a	and or directors		
	and decired of officers o	and of directors.		
A. Dire	ectors:			
Chairman:	Robert Antin			
Address:	3420 Ocean Park Blvd.	Ste. 1000		9 2
	Santa Monica, CA 90405			38. 60
•				<u>₩</u> 58
	man:			- Par - 2
Address:		·		<u> </u>
		<u> </u>		က် ခွဲလို
				176 Flows
Director:	Arthur Antin			<i></i>
Address:	3420 Ocean Park Blvd.	Ste.1000		
	Santa Monica, CA 90405			
Diractor:	No. 1 Taubor			-
Director: Address:	Neil Tauber			
~ UII 635.	3420 Ocean Park Blvd., S	ste. 1000		
	Santa Monica, CA 90405			

B. Offic			
President:	Robert Antin		
Address:	3420 Ocean Park Blvd., Ste. 1000	the second	
	Santa Monica, CA 90405		1 1 1
Vice Preside	ent:	**	
Address:	3420 Ocean Park Blvd., Ste. 1000		=
	Santa Monica, CA 90405	95	SCR
Secretario			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Secretary: Address:	Arthur Antin	<u> </u>	87
- 100,635.	3420 Ocean Park Blvd., Ste. 1000	3	P OF S
-	Santa Monica, CA 90405		33
Treasurer: _	NIA	~	75
Address:			
		·	-
10. Name a	ou may attach an addendum to the application listing a and Street address of Florida registered agent: Name:IRAI_Services, Inc.	additional officers	and/c
10. Name a	Name: 1RAI Services, Inc. De Address: 526 E. Park Avenue	additional officers	and/c
10. Name a	and Street address of Florida registered agent: Name: IRAI Services, Inc.		and/c
10. Name a	Name: IRAI Services, Inc. De Address: 526 E. Park Avenue Tallahassee		
10. Name a	And Street address of Florida registered agent: Name: IRAI Services, Inc. De Address: 526 E. Park Avenue Tallahassee Florida registered agent: Name: IRAI Services, Inc. Florida registered agent:	rida <u>32301.</u>	
10. Name a Office 11. Registe	Name: IRAI Services, Inc. See Address: 526 E. Park Avenue Tallahassee Floridaregistered agent: Ted agent's acceptance:	rida <u>32301.</u> Zip Cod	de
10. Name a Office 11. Registe Having	Name: IRAI Services, Inc. See Address: 526 E. Park Avenue Tallahassee ,Flor red agent's acceptance: been named as registered agent and to accept service ation at the place designated in this are lightly accept service.	rida <u>32301.</u> Zip Code	de the ab
10. Name a Office 11. Registe Having stated corporas as registered	Name: IRAI Services, Inc. See Address: 526 E. Park Avenue Tallahassee ,Flor red agent's acceptance: been named as registered agent and to accept service ation at the place designated in this application, I herebasen agent and agree to act in this application, I herebasen agent and agree to act in this application, I herebasen agent and agree to act in this application, I herebasen agree to act in this application, I herebasen agree to act in this application, I herebasen agree to act in this agree.	rida <u>32301.</u> Zip Code e of process for possible approaches the ap	de the ab
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10. Name a Office 11. Registe Having stated corporates registered provisions of a m familiar with Registe 2. Attached	Name: IRAI Services, Inc. De Address: 526 E. Park Avenue Tallahassee ,Flor red agent's acceptance: I been named as registered agent and to accept service ation at the place designated in this application, I hereball statutes relative to the proper and complete perform the and accept the obligations of my position as registered agent's signature: I is a certificate of existence duly authenticated, not most application to the Department of State by the complete performs application to the Department of State by the Complete performs application to the Complete performs application to the Complete performs application to the Com	e of process for the application of my duties agent. Output Tee than 90 days in the second of the	the abcointme
Office 11. Registe Having stated corporate registered provisions of a m familiar with Registe 2. Attached elivery of this aving custod	Name: IRAI Services, Inc. De Address: 526 E. Park Avenue Tallahassee ,Flor red agent's acceptance: I been named as registered agent and to accept service ation at the place designated in this application, I herebagent and agree to act in this capacity. I futher agree to all statutes relative to the proper and complete perform the and accept the obligations of my position as register ared agent's signature:	e of process for the application of my duties agent. Output Tee than 90 days in the second of the	the abcointrale
Office 11. Registe Having stated corporate registered provisions of a registered Registe 2. Attached elivery of this aving custod:	Name: IRAI Services, Inc. De Address: 526 E. Park Avenue Tallahassee ,Flor red agent's acceptance: I been named as registered agent and to accept service ation at the place designated in this application, I hereball statutes relative to the proper and complete perform the and accept the obligations of my position as registered agent's signature: I is a certificate of existence duly authenticated, not most application to the Department of State by the complete performs application to the Department of State by the Complete performs application to the Complete performs application to the Complete performs application to the Com	e of process for the application of which it is incompleted.	the aboointnie es, and



State of California

SECRETARY OF STATE



CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BILL JONES, Secretary of State of the State of California, hereby certify:

That on the	8th day of		Novembe	r 95
			ANIMAL HOSPITAL,	INC.

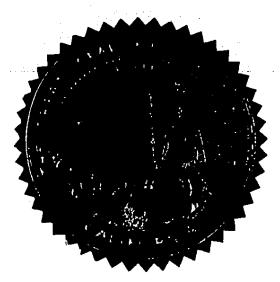
became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this

11th day of December, 1995

BILL JONES
Secretary of State

SEC/STATE FORM CE-112 (REV. 1-95)

95 2903

F9500006190

CT CORPORATION SYS	STREM			
660 EAST JEFFERSOI	N STREET			
Requestor's Name TALLAHASSEE, FL	32301			
Address		7	നാനത്തെ ക	4
City State Ziç	222-1092 Phone	•	00002130 -04/01/370 ******\$\$.00	10/1-010 = *******\$5.00
CORPOR	IATION(8) NAME			
VCA CV				-
VCA St.	Petersburg Anim	nal Hosp	7	
			SECRETARY AT	
			RITAL NHAS	9 8 g
() Profit () NonProfit			40F	
() Limited Liability	() Amendme Co.	nt	() Merge	- '-
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() Limited Partnership () Reinstatement	() Annual Re () Reservatio		() Other Change of R.	
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CR2E031 (1-89)

Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of California submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. VCA ST. PETERSBURG ANIMAL HOSPITAL, INC. 1a. The name of the corporation is:-1b. Date of incorporation 12/19/95 Document number F95000006190 2. The name and address of the current registered agent and office: NRAI Services, Inc. SEE SEE 526 E. Park Avenue, Tallahassee, Florida 32301 The name and address of the new registered agent and office: STATE S (P.O. Box Not Acceptable) C T CORPORATION SYSTEM c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation, Florida 33324 The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical. Such charles was authorized by resolution duly adopted by its board of directors or by futhorized by the board. Tomas W. Fuller, Vice President SIGNATURE January 23, 1997 Typed or printed name and title DATE HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 COM-PLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT CORPORATION SYSTEM Thomas C. Totaro SIGNATURE BY: Issistant Secretary (Registered Agent) March 12, 1997 DATE Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$35.00

CR2E045 (7-91)

(FLA. - 2194 - 3/4/92)