



ACCOUNT NO. : 072100000032

REFERENCE : 655452 4732230

AUTHORIZATION :

Patricia Puyet

COST LIMIT : \$ ~~78.75~~ *155.00*

FILED
00 APR - 7 PM 4: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : April 7, 2000

ORDER TIME : 3:47 PM

ORDER NO. : 655452-005

700003200727--3

CUSTOMER NO: 4732230

CUSTOMER: Jeffrey L. Sauey, Esq
AYRES CLUSTER CURRY MCCALL &
AYRES CLUSTER CURRY MCCALL &
P. O. Box 1148

Ocala, FL 34478

DOMESTIC FILING

NAME: Ocala EQUINE HOSPITAL, LLC

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Ellyn Herndon

EXAMINER'S INITIALS:

L00-4840

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W. P. Verlyer

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION OF
OCALA EQUINE HOSPITAL, LLC**

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I — Name

The name of the limited liability company (hereinafter referred to as the "Company") is "OCALA EQUINE HOSPITAL, LLC".

ARTICLE II — Address

The mailing address and street address of the principal office of the Company is 10855 N.W. Highway 27, Ocala, Florida 34482.

ARTICLE III — Duration

The period of duration for the Company shall be perpetual.

**ARTICLE IV - DESIGNATION OF REGISTERED AGENT
INITIAL ADDRESS OF REGISTERED OFFICE**

The initial Registered Agent is designated as JOHN B. MADISON, V.M.D. The Registered Agent of the corporation may be changed at any time by a vote of the Members without an amendment of these Articles.

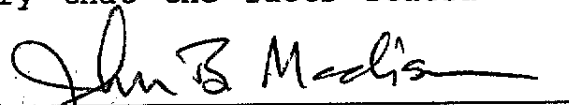
The street address of the initial registered office of this corporation in the State of Florida is 10855 N.W. Highway 27, Ocala, Florida 34482. The Members may from time to time, without amending these Articles, move the principal office to any other address within the State of Florida.

ARTICLE V — Management

The Company is to be managed by the members.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 31st day of March, 2000.

(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)


John B. Madison, V.M.D.

ACCEPTANCE OF REGISTERED AGENT

Pursuant to Florida Statute 48.091 and Article IV of these Articles of Organization, the undersigned Registered Agent does hereby 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 as provided in Chapter 608 of the Florida Statutes, and designate his location for service of process as:

10855 N.W. Highway 27
Ocala, Florida 34482

The undersigned shall serve as Registered Agent until otherwise removed or shall resign pursuant to the laws of the State of Florida.


John B. Madison, V.M.D.

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TALLAHASSEE, FLORIDA