2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # Ł03000008395 2004 NOV 12 PM 2: 17 AMERICAN ANIMAL EMERGENCY VENTURE, L.L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 3425 FOREST HILL BLVD. 3425 FOREST HILL BLVD. WEST PALM BEACH, FL 33406-5418 WEST PALM BEACH, FL 33406-5418 3. Mailing Address 3/980 L 2. Principal Place of Business Suite Apt #, etc. Suite, Apt. #, etc. 10262004 REIN-LLC CR2E101 (6/04) ARREN Applied For City & State 4. FEI Number City & State 56-2329501 Not Applicable \$5.00 Additional Zip Country Countr 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code City its this statement for the dipose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of regis Shelley Savage Vice President SIGNATURE DATE (NOTE: Regist Make check payable to In accordance with s. 607.193(2)(b), F.S., the limited FILE NOW!!! FEE 18 \$50.00 liability company did not receive the prior notice. Florida Department of State After January 1, 2005, Fee will be \$100.00 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. ☐ Change Addition mîĔ ☐ Delete TITLE Chard Lanier 980 Yan DYKE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 48093 CITY-ST-7JP Сhange ☐ Addition Delete TITLE TITLE NAME NAME 400042706054 STREET ADDRESS STREET ADDRESS 11/12/04--01080--002 **50.00 CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change Defete TITLE TITTE F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ___ Addition - - Delete IIILE ☐ Change TITLE NALÆ MASAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Defete TITLE / TITLE PAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 586 264 4/0 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED