

LO7000088142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

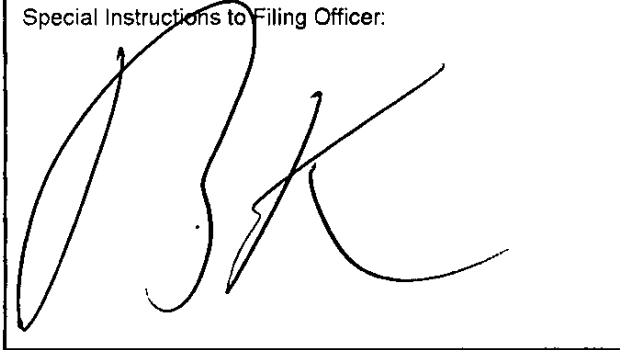
PICK-UP  WAIT  MAIL

(Business Entity Name)

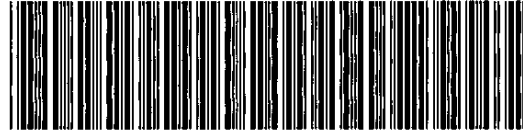
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**FILED**  
07 AUG 28 AM 8:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**RECEIVED**  
2007 AUG 28 PM 1:38  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
NOT INTENDED  
TO ACKNOWLEDGE  
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CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

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07 AUG 28 AM 8:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CONTACT: MARGIE ESTRADA

DATE: 08/28/07

REF. #: 000174.73670

CORP. NAME: WEST COAST VETERINARY CENTER, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 522626 FOR \$ 155.00.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

# ARTICLES OF ORGANIZATION

WEST COAST VETERINARY CENTER, LLC,  
a Florida limited liability company

FILED  
07 AUG 28 AM 8:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

WEST COAST VETERINARY CENTER, LLC

## ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

8231 Coash Road  
Sarasota, Florida 34241

## ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Kenneth D. Doerr  
240 South Pineapple Avenue, 10th Floor  
Sarasota, Florida 34236

## ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Operating Agreement and Regulations of the Limited Liability Company.

IN WITNESS WHEREOF, these Articles of Organization have been executed as of the 27th day of August, 2007.

WITNESSES:

*Jack M. Maag*  
Print Name JACK M. MAAG

*Kenneth D. Doerr*  
Kenneth D. Doerr

*Lisa C. Ross*  
Print Name LISAC. ROSS

“AUTHORIZED REPRESENTATIVE”

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.


1. The name of the Limited Liability Company is:  
  
WEST COAST VETERINARY CENTER, LLC
  
2. The name and the Florida street address of the registered agent are:

Kenneth D. Doerr  
240 South Pineapple Avenue, 10th Floor  
Sarasota, Florida 34236

Having been named to accept service of process for the above stated Limited Liability Company 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 complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: \_\_\_\_\_

8/27/07

  
\_\_\_\_\_  
Kenneth D. Doerr

"REGISTERED AGENT"