FILED 2002 UNIFORM BUSINESS REPORT (UBR) Aug 18, 2002 8:00 am Secretary of State DOCUMENT # M9900000899 VETCOR OF LAKE WORTH LLC 08-18-2002 90125 031 ****50.00 Principal Place of Business Mailing Address 1110 2ND AVENUE NORTH C/O THE VETCOR GROUP 350 LINCOLN PLACE LAKE WORTH FL 33460 HINGHAM MA 02043 Principal Place of Business 3. Mailing Address .ake Worth Animal Hospital Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1110 2 nd Ave. North City & State 4. FEI Number Applied For 06-1592601 Not Applicable ^{Zip}33460 Country \$5.00 Additional ЦSА 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 25, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition VETCOR PROFESSIONAL PRACTICES LLC NAME NAME STREET ADDRESS 350 LINCOLN PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HINGHAM MA 02043 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete. Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

GNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/11/02 781-749-8151