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December 5, 2000

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-12/06/00--01039--020  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Corporate Records Bureau  
Division of Corporations  
Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

RE: *Equine Vet of FL, Inc.*

Gentlemen:

Enclosed are the following items regarding the above:

1. Original Articles of Incorporation.
2. Check payable to Department of State in the amount of \$78.75 to cover the filing fee and certified copy.

Please send the certified copy and your acknowledgment to me in care of this office.

Sincerely,



HARVEY R. KLEIN

HRK/jl  
Enclosures

FILED  
00 DEC -6 PM 12: 03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R 12/12/00 ✓

**ARTICLES OF INCORPORATION**  
**OF**  
**EQUINE VET OF FL, INC.**

FILED  
00 DEC -6 PM 12: 03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned hereby organizes and subscribes to these Articles of Incorporation under the laws of Florida.

**I.**

The name of the corporation shall be: **EQUINE VET OF FL, INC.**

**II.**

The general purpose for which the corporation is organized shall include the transaction of any or all lawful business for which corporations may be incorporated under Chapter 607, Florida Statutes.

**III.**

The aggregate number of shares of capital stock which the corporation shall have authority to issue shall be 1,000 shares of no par value stock, which stock shall qualify under Section 1244, Internal Revenue Service Code.

**IV.**

The corporation's principal office and registered office shall be:

**5459 New Jersey Avenue  
DeLeon Springs, FL 32028**

and the name of its initial Registered Agent at such address shall be:

**LOUIS E. BAUSLAUGH**

**V.**

The corporation shall have no Directors and the business of the corporation shall be

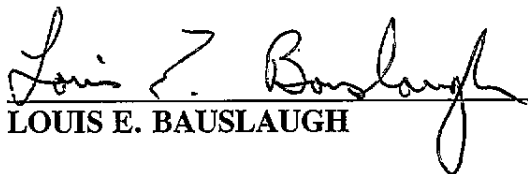
managed by the stockholders.

VI.

The name and address of the incorporator is:

**LOUIS E. BAUSLAUGH**  
5459 New Jersey Avenue  
DeLeon Springs, FL 32038

IN WITNESS WHEREOF, the incorporator has caused this instrument to be executed  
this 4th day of December, 2000.

  
LOUIS E. BAUSLAUGH

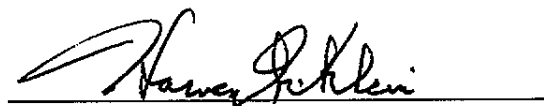
STATE OF FLORIDA  
COUNTY OF MARION

Before me, a Notary Public this day personally appeared **LOUIS E. BAUSLAUGH**,  
who is personally known to me or produced driver license as identification, who executed  
the foregoing instrument and acknowledged before me the execution thereof for the uses and  
purposes therein stated and expressed.


WITNESS my hand and official seal at Ocala, Marion County, Florida, this 4th day of  
December, 2000.



Harvey R. Klein  
MY COMMISSION # CC826445 EXPIRES  
May 5, 2003  
BONDED THRU TROY FAIN INSURANCE, INC.

  
Notary Public, State of Florida  
My Commission Expires:

Having been named Registered Agent of **EQUINE VET OF FL, INC.**, I hereby  
accept said office and agree to comply with the provisions of Chapter 607, Florida Statutes as  
same pertain to the office of Registered Agent.

  
LOUIS E. BAUSLAUGH, Registered Agent

FILED

00 DEC -6 PM 12: 03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA