# POISON TRANSMITTAL LETTER

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

> 700004579117--8 -09/10/01--01124--014

SUBJECT: Integrative Medical Center for Animals, Inc.

(Proposed corporate - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check

For:

X

\$70.00

\$78.75

\$122.50

\$131.25

Filing Fee

Filing Fee & Certificate Filing Fee & Certified Copy Filing Fee Certified Copy

& Certificate

FROM: Shelle K. Otto, P.A. C.P.A.

Name (printed or typed)

2010 Pine Terrace

Address

Sarasota, Florida 34231

City, State & Zip

(941) - 923 - 6640

Daytime Telephone number

DI SEP 10 PH 1: 43
SECRETARY OF STATE
SECRETARY OF STATE

NOTE: Please provide the original and one copy of the articles.



### ARTICLES OF INCORPORATION

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OF

# Integrative Medical Center for Animals, Inc.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:
Integrative Medical Center for Animals, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principle place of business and mailing address of this corporation shall be:

2635 Sweetland Avenue Sarasota, Florida 34232

#### **ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at Any one time is:

One Thousand Shares

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Cynthia Juday 2635 Sweetland Avenue Sarasota, Florida 34232

# ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Cynthia Juday 2635 Sweetland Avenue Sarasota, Florida 34232

undersigned in	ncorporator(s)	has(have) executed th	ese Articles of Incorporati	on this
6th	day of	September		
/),	Van Vain	Marcha H	•	
	<u> []]][][]]</u>	Signature		
		,		
		Signature		
		Signature		
		Signature		

Articles of Incorporation Filing Fee - \$35

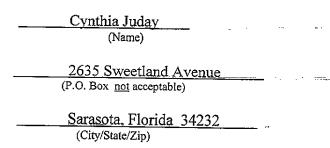
# CERTIFICATE OF DESIGNATION OF

# REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is:	Integrative Medical	Center for Animals, In-	<del>ت</del> .

2.	The name as	nd address	of the	registered	agent	and	office	is:
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Having been named as registered agent and to accept service of process for the above stated corporation 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature) JUNAY

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL