TRANSMITTAL LETTER 1020 Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 LOVING Care Animal Hospital, Inc. SUBJECT: 500004639735 -10/17/01--01061--008 *****78.75 *****78.75 Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$87.50 \$70.00 \$78.75 \$78.75 Filing Fee Filing Fee, Filing Fee Filing Fee & Certified Copy & Certificate of Status Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Edmond FROM: JOII E nglewood Rd. nglewood, FL City, State & Zip 34223 941) 474-7771 Daytime Telephone number Mail back to: 10 Wanda Kadeva, CPA 2803 NW TIMbercreek Cir. Boca Raton, Fr. 33431 NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corporation shall be: oving Care Drimal Hospital, Inc PRINCIPAL OFFICE <u>ARTICLE II</u> The principal place of business/mailing address is: Englewood Rd. 2011 Englewood, FL 34223 ARTICLE III PURPOSE The purpose for which the corporation is organized is: legitimate services allowed by Florida All ans. ARTICLE IV SHARES The number of shares of stock is: 100 shares ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): Edmond Ryan, President 2011 Englewood Rd. Englewood, FL 34223 **REGISTERED AGENT** ARTICLE VI The name and Florida street address of the registered agent is: Edmond Ryan ZOII Englewood Rd Englewood, FL 210 INCORPORATOR 34223 ARTICLE VII The name and address of the Incorporator is: Edmond Ryan Zoll Englewood Rd Englewood, FL 34: ****** Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity mana

Signature/Registered Age

Signature/Incor