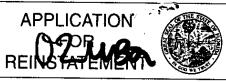
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P01000106744
DOCOMENT#	1 0 1000 1007 1 -

1. Corporation Name

LITTLE ANIMAL HOSPITAL, INC.

Principal Place of Business

11014 LITTLE RD.

NEW PORT RICHEY FL 34654

Mailing Address

11014 LITTLE RD.

NEW PORT RICHEY FL 34654

FILED

02 OCT 28 AH 10: 22

SECRETARY OF STATE TALLAHASSEE, FLORIDA



If above addresses are incorrect in any way, the through incorrect information and enter correction below. 2. New Principal Office Address, if Applicable 3. New Malling Office Address, if Applicable 3. New Malling Office Address, if Applicable 5. FEI Number To Do Bulaness in Floridal 11/01/2001 5. FEI Number To Do Bulaness in Floridal 11/01/2001 5. FEI Number To Do Bulaness in Floridal 7. New Apt. 4, etc. 5. FEI Number To Do Bulaness in Floridal 7. New Apt. 4, etc. 6. Deta Incorporation of Do Bulaness in Floridal 7. New Apt. 4, etc. 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofix corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofix corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofix corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofix corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofix corporations must list at least 3 directors) 8. Name and Addresses of Each Officer and/or Director (Florida nonprofix corporations must list at least 3 directors) 8. New PORT RICHEY FL 34654 8. New PORT RICHEY FL 34654 8. New PORT RICHEY FL 34654 8. Name and Address of New Registered Agent 9. Name and Address of New Registered Agent 9. Name and Address of New Registered Agent 9. Name and Address of New Registered Agent 10. Libeling appointed the registered agent of the above named corporation, an familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S. 11. Learthy that I am an officer of director or the receiver or trustee empowered to oxecute this application as provided for in chapter 607 or 617, F.S. I further centry that intens fixed bill section with bill on the first one of cellulos (607.000) of 150, Tellulos (150, Tellulos (150, Tellulos (150, Tel										
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Zip Country	City & Sta	ate		City & State	9			The state of the s		
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Title(s) 2 Name of Officers and/or Directors 3 Street Address of Each Officer and/or Directors 4 City / State / Zip P COX, THERESA L 8830 BASS LAKE DR. NEW PORT RICHEY FL 34654 S STERLING, PATRICIA A 11014 LITTLE RD. NEW PORT RICHEY FL 34654 S STERLING, PATRICIA A 11014 LITTLE RD. NEW PORT RICHEY FL 34654 8. Name and Address of Current Registered Agent Name COX, THERESA L 8830 BASS LAKE DR. Name and Address of New Registered Agent Name COX, THERESA L 8830 BASS LAKE DR. Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City Flat Street Address (P.O. Box Number is Not Acceptable) FL Cox Flat FL City Flat Zip Code FL Tipplature of Agent Registered Agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S. FL Tipplature of Agent Registered Agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S. FEGISTERED AGENT MUST SIGN 11. Leafly that I am an officer or director in the receiver or traustace empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify, that when filling this reinstatement acceptable in the present for director or this present for director or this present for director or this present for director or the present for director or this present for director or the present for director or	Zip		Country	Zin		Country				
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			RI	GISTERED AG	ENT MUST	SIGN	- 4	Date Comment		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

10-12-02

\(\frac{777}{819-5240}\)

Daytime Phone #



L'ITTLE ANIMAL HOSPITAL

"Taking care of the little things"

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

RE: REINSTATEMENT OF CORPORATE STATUS

Jim Smith,

We are writing to request reinstatement under corporate status. It is with deepest regret that this situation went so far before being brought to our attention. Due to legalities pending with our prior corporations and previous partners, no notice of this uniform business report was ever received. You now have the correct address and FEIN number for our corporation.

We sincerely apologize for any inconvenience this may have caused on your behalf.

Sincerely,

Theresa L. Cox, President

Patricia A. Sterling, Secretary