

P02 000065416

Peter Makris  
2110 Drew Street  
Clearwater, FL 33765

6/9/02

700005762797--J

-06/12/02--01037--002  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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

Gentlemen:

I am enclosing the Articles of Incorporation and the Certificate Designating Registered Agent / Registered Office. Also enclosed are the applicable fees for the Department of State. Please file the Articles of Incorporation as soon as possible and return the articles back to the address below:

Peter Makris  
2110 Drew Street  
Clearwater, FL 33765

If there are any questions, or you are having problems filing the Articles, please call me at (727) 446-0000.

Very Truly Yours,

*Peter Makris CPA*  
Peter Makris

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 JUN 12 AM 9:08

F. GHESSER JUN 13

**ARTICLES OF INCORPORATION**

**OF**

**Veterinary Financial Options, Inc.**

*The undersigned incorporator, for the purpose of forming a corporation under Florida General Corporation Act, hereby adopts the following Articles of Incorporation.*

**ARTICLE I. NAME**

*The name of the corporation shall be:*

**Veterinary Financial Options, Inc.**

*The principal place of business of this corporation shall be:*

**43695 U.S. Hwy 19 North  
Tarpon Springs, FL 34689**

*The mailing address of this corporation shall be:*

**43695 U.S. 19 North  
Tarpon Springs, FL 34689**

**ARTICLE II. NATURE OF BUSINESS**

*This corporation may engage in or transact any or all-lawful activities of business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.*

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 JUN 12 AM 9:08

**ARTICLE III. CAPITAL STOCK**

*The maximum number of shares of that this corporation is authorized to have outstanding at any one time is 10,000 shares of common stock have \$1.00 per value per share.*

**ARTICLE IV. TERM OF EXISTENCE**

*The corporation is to exist perpetually.*

**ARTICLE V. OFFICERS DIRECTORS**

*This corporation is to have one director and one officer, initially. The name and street address of the initial director and officer who shall hold office for the first year of the corporation's existence, or until his successor is elected or appointed is:*

<i>Christine L. Weaver</i>	<i>43695 U.S. Hwy 19 North</i>
<i>President</i>	<i>Tarpon Springs, FL 34689</i>

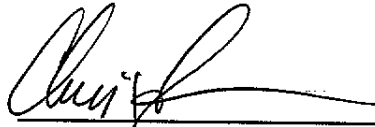
**ARTICLE VI. INCORPORATOR**

*The name and street address of the incorporator to the Articles of Incorporation is:*

<i>Christine L. Weaver</i>	<i>43695 U.S. Hwy 19 North</i>
<i>PRESIDENT</i>	<i>Tarpon Springs, FL 34689</i>

IN WITNESS WHEREOF, the under signed incorporator has executed these Articles of Incorporation this 5 day of JUNE, 2002.

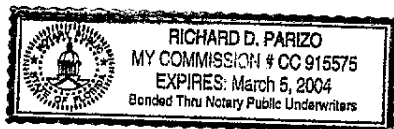
Signature of Incorporator


  
Incorporator

STATE OF FLORIDA  
COUNTY OF PINELLAS

THE FOREGOING instrument was acknowledge and sworn to before me this 5th day of June, 2002, by Christine L. Weaver of Veterinary Financial Options, Inc.

Notary Public



  
Notary Public

**CERTIFICATE DESIGNATING**

**REGISTERED AGENT / REGISTERED OFFICE**

*Pursuant to the provision of Section 607.325, 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:

**Veterinary Financial Options, Inc.**

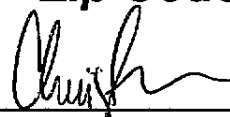
2. The name and address of the registered agent and office is:

**Name:** Christine L. Weaver

**Address:** 43695 U.S. Hwy 19 North

**City:** Tarpon Springs, **State:** FL **Zip Code:** 34689

SIGNATURE: \_\_\_\_\_



TITLE: PRESIDENT

DATE: \_\_\_\_\_

6-4-02

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 JUN 12 AM 9:08

**HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.**

SIGNATURE: \_\_\_\_\_



DATE: \_\_\_\_\_

6-4-02