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LAZARUS CORPORATE FILING SE	RVICE SCUAL SECOND SECO
3320 S.W. 87 AVENUE	
MIAMI, FLORIDA (305)552-5973	
<u>TERESA ROMAN (TALLAHASSEE REPRESE</u>	CNTATIVE) AND A 46
<i>:</i>	OFFICE USE ORLY
CORPORATION NAME(S) & DOCUM	ENT NUMBER(S) (if known):
1. DORAL WEST AL	VIMAL CLINIC, INC.
2. (Corporation Name) 3.	(Document #)
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Annual Report Flotitlous Name United States of the State	EGISTRATION/ UALIFICATION reign nited Partnership Instalement ademark ther Itaminer's Initials 7.100016486037-5 -07/18/0201052-015 ******78.75 ******78.75

ARTICLES OF INCORPORATION

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The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adoption ART UP STATE the following Articles of Incorporation. the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

DORAL WEST ANIMAL CLINIC, Inc.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

7857 W 30th Lane Haleah, FL 33018

ARTICLE III -SHARES

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

100 shares

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Francisco PUIG-UGARTE.

1486 Veracry lone Weston, FL 33327

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ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of TALLAHASSEE, FLORIDA Incorporation is:

Francisco Puis-VOARTE 1486 Veraenz lane WESTON, PL 33327

The undersigned incorporator has executed these Articles of Incorporation this 12 day of July 2002

ARTICLE VI- DIRECTOR(S)

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

Francisco Puis Voarte, President. 1486 Vera enez Cane. Weston FL 33327.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature