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TRANSMITTAL LETTER

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

SUBJECT: Conner	ton Animal Hospital,Inc. (PROPOSED CORPORA	TENAME—MUSTINCE	UD#SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the art	icles of incorporation and	a check for:
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM: Jos	seph Roy Brooks		
110000	* Name	(Printed or typed)	
	18975 Crooked Lane	Address	and the latest section of the latest section
	Lutz.Fl.33548	, State & Zip	
	(813)9486092	Telephone number	

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME The name of the corporation shall be: CONNERTON ANIMAL HOSPITAL INC
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 18975 Crooked Lane Lutz, Fl. 33548
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Veterinary Medicular
ARTICLE IV SHARES The number of shares of stock is: \ 00 5 hares
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Joseph Roy Brooks, DVM, President 18975 Crooked Lane Lutz, F1. 33548
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Joseph Roy Brooks, DVM. 18975 Crooked Lane, Litz, F). 33
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Joseph Roy Brooks, DVM 18975 Crooked Lane, Lutz. Fl., 38548

Signature/Registered Agent 2/23/05 Date

ARTICLES OF INCORPORATION