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    Fax Number   : (850)205-0381

From:
    Account Name   : XIOMARA LEE, P.A.
    Account Number : I20040000008
    Phone   : (305)262-2323
    Fax Number   : (305)262-2324

FLORIDA PROFIT/NON PROFIT CORPORATION

RENATO MENDEZ, DVM, P.A.

Certificate of Status	1
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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:

RENATO MENDEZ, DVM, P.A.

ARTICLE II   PRINCIPAL OFFICE
The principal place of business/mailing address is:
10954 NW 30TH PL
SUNRISE, FL 33322

ARTICLE III   PURPOSE
The purpose for which the corporation is organized is:
VETERINARY SERVICES

ARTICLE IV   SHARES
The number of shares of stock is:
100

ARTICLE V   INITIAL OFFICERS AND/OR DIRECTORS
List name(s), address(es) and specific title(s):
RENATO MENDEZ, DVM (PRESIDENT/DIRECTOR)
10954 NW 30TH PL
SUNRISE, FL 33322

ARTICLE VI   REGISTERED AGENT
The **name and Florida street address** of the registered agent is:
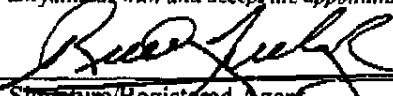
RENATO MENDEZ, DVM
10954 NW 30TH PL
SUNRISE, FL 33322

ARTICLE VII   INCORPORATOR
The **name and address** of the Incorporator is:

RENATO MENDEZ, DVM
10954 NW 30TH PL
SUNRISE, FL 33322

****

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

x _____   12/19/2006
Signature/Registered Agent   Date

x _____   12/19/2006
Signature/Incorporator   Date

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