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Division of Corporations

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Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381.

From:

Account Name : CORPORATION SERVICE COMPANY

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Enter the email address for this business entity to be used for ful annual report mailings. Enter only one email address please.

Email	Address:	

FLORIDA PROFIT/NON PROFIT CORPORATION NVA QUAIL HOLLOW VETERINARY MANAGEMENT, INC.

Certificate of Status	0
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COVER LETTER

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

SUBJECT: NVA Quail Hollow Veterinary Management, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: **\$70.00 \$78.75 ⊠\$78.75** \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Suzanne M. Hoffman / Katten Muchin Rosenman LLP Name (Printed or typed) 525 West Monroe Street Address Chicago, IL 60661-3693 City, State & Zip 312-577-8306 Daytime Telephone number sshulman@nvanet.com

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

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the cor	NVA Quail Hollow Vetering poration shall be:	nary Management, Inc.	
ARTICLE II	PRINCIPAL OFFICE Principal <u>street</u> address	Mailing ad	idress, if different is:
29	229 Canwood Street Suite 100		
	goura Hills, CA 91301		
41	ROMER TIMES CA 21301		
ARTICLE III I	PURPOSE iich the corporation is organized is:		
Any and all lawful	purposes for which corporations may be inc	orporated under the Florida Bus	iness Corporation Act.
	SHARES		
The number of share		MPS	
	<i>INITIAL OFFICERS AND/OR DIRECT</i> le: Gregory W. Hartmann – President & Dire		
Address:	29229 Canwood Street Suite 100	Address:	
71047050.	Agoura Hills, CA 91301		
•			
	le: R. James Woloshyn - Secretary &, Treas	urer Name and Title:	
Address:	29229 Canwood Street Suite 100		
	Agoura Hills, CA 91301		
	Cart Chalman Assistant Tananara		
	le: Scott Shulman – Assistant Treasurer	Name and Title:	
Address:	29229 Canwood Street Suite 100	Address:	
	Agoura Hills, CA 91301		ಕಣ 🛋
			
ARTICLE VI	<u>REGISTERED AGENT</u>		
	ida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	Corporation Service Company		∞ ∞
Address:	1201 Hays Street		AT THE
	Tallahassee, FL 32301	<u>~</u>	
ARTICLE VII	INCORPORATOR		in the second
The name and add	ress of the Incorporator is:		
Name:	Suzanne M. Hoffman		97; <u>9</u>
Address:	525 West Monroe Street, Suite 1900	<u></u>	,
	Chicago, IL 60661-3693	- <u></u>	
	Required Signature/Registered Agent	4. 1.169***********************************	Date
	Vedence pikulung vestpeten viken		200
	nent and affirm that the facts sained herein partment of State constitutes a third degree fo		
0	~ ~1 hd.		
<u></u>	some M Holden		5-12-11
	Required Signature Incorporator	·	Date