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Certified Copies	_ Certificate:	s of Status		
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ION SERVICE COMPANY.		
ACCOUNT NO. : 12000000195		
REFERENCE: 116885 4306193		
AUTHORIZATION :		
COST LIMIT: \$8.75		
ORDER DATE: May 2, 2014		
ORDER TIME : 1:26 PM		
ORDER NO. : 116885-005		
CUSTOMER NO: 4306193		
DOMESTIC FILING		
NAME: NVA KIRKMAN ROAD VETERINARY MANAGEMENT, INC.		
EFFECTIVE DATE:		
XXX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING		
CONTACT PERSON: Emily Gray - EXT. 52925		

EXAMINER'S INITIALS:

COVER LETTER

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

SUBJECT: N	VA Kirkman Road \ (PROPOSED CORPO)	Veterinary Man	agement, Inc
Enclosed are an	original and one (1) copy of the a	articles of incorporation and	d a check for:
□ \$70.0 Filing Fe	* '	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Suzanne M. Hoff	man	
	525 West Monroe	me (Printed or typed)	1900
	OLO VVGGL WIOTHOG	Address "	

Chicago, IL 60661-3693

312-577-8306

Daytime Telephone number

sshulman@nvanet.com

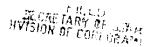
E-mail address: (to be used for future annual report notification)

City, State & Zip

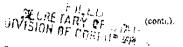
NOTE: Please provide the original and one copy of the articles.

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: NVA Kirkman Road Veterinary Management, Inc. AH 8: 32 ARTICLE II PRINCIPAL OFFICE Principal street address Mailing address, if different is: 29229 Canwood Street, Suite 100 Agoura Hills, CA 91301 The purpose for which the corporation is organized is: Any and all lawful purposes for which corporations may be incorporated under the laws of the State of Florida. ARTICLE IV SHARES
The number of shares of stock is: 1,000 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Gregory Hartmann - Director/President Name and Title: 29229 Canwood Street, Suite 100 Address Agoura Hills, CA 91301 R. James Woloshyn - Secretary/Treasurer Name and Title: Name and Title 29229 Canwood Street, Suite 100 Address: Address Agoura Hills, CA 91301 Scott Shulman - Asst. Treasurer Name and Title: Name and Title: 29229 Canwood Street, Suite 100 Address: Address Agoura Hills, CA 91301



2814 MAY -2 AM 8: 32

Name and	d Title:	Name and Title:		
Address	*	Address:		
		· · · · · · · · · · · · · · · · · · ·		
ARTICLE VI	REGISTERED AGENT prida street address (P.O. Box NOT acceptable) of the	he registered agent is:		
Name:	Corporation Service Company			
Address:	1201 Hays Street			
•	Tallahassee, FL 32301			
ARTICLE VII	INCORPORATOR			
The name and ad-	dress of the Incorporator is:			
Name:	Suzanne M. Hoffman			
Address:	525 West Monroe Street, Suite 1900			
	Chicago, IL 60661-3693			
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this capacity. Having been named as registered agent and agree to act in this capacity. Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Required Signature/theorporator Date				