# ROBERT W. SCHUPP

Attorney At Law

P.O. BOX 5641 - JACKSONVILLE, FLORIDA 32247-5641

9000028722

Office of the Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: Jacksonville Animal Eye Clinic, Inc.

Dear Sir,

Enclosed please find the original and one copy of the Articles of Incorporation, which includes the designation of registered agent, together with my check in the amount of \$78.75 for filing same and for a certified copy of the Articles.

Please return letter of acknowledgement and certified copy to my office. Thank you for your usual prompt attention to this matter.

Sincerely,

Robert W. Schupp

RWS:kll

03/24/99--01052--006 \*\*\*\*\*78.75 \*\*\*\*\*78.75

(904) 396-3471

MAR 3 0 1999 F. OHESSER

## ARTICLES OF INCORPORATION

OF

## JACKSONVILLE ANIMAL EYE CLINIC, INC.

The undersigned, acting as the incorporator of a corporation under the Florida General Corporation Act, adopts the following Articles of Incorporation for such corporation.

## ARTICLE I

NAME: The name of the Corporation is: Jacksonville Animal Eye Clinic, Inc.

## ARTICLE II

ADDRESS: The address of the principal office is: 275 Corporate Way, Suite 100, Orange Park, Florida 32073

The mailing address of the corporation is: 275 Corporate Way, Suite 100, Orange Park, Florida 32073

## ARTICLE III

**REGISTERED OFFICE AND REGISTERED AGENT:** The street address of the initial registered office is: 275 Corporate Way, Suite 100, Orange Park, FL. 32073.

and the name of the registered agent is: J. Daniel Brogdon

#### ARTICLE IV

**DURATION:** The corporation shall have perpetual existence.

#### ARTICLE V

**PURPOSE:** The purpose of the Corporation is to engage in any lawful act or activity for which corporations may be now or hereafter organized under the laws of the State of Florida.

#### ARTICLE VI

**CAPITAL STOCK:** The Corporation is authorized to issue only one class of stock. The total number of shares authorized shall be 1000 and the par value of each share is \$0.10.

## ARTICLE VII

**BOARD OF DIRECTORS:** The initial board of directors shall consist of one member. The name and mailing address of the person who is to serve as director is:

Name: J. Daniel Brogdon

Address: 275 Corporate Way, Suite 100

Orange Park, FL. 32073

#### ARTICLE VIII

INCORPORATOR: The name and address of the incorporator is:

Name: J. Daniel Brogdon

Address: 275 Corporate Way, Suite 100

Orange Park, FL. 32073

The undersigned being the sole incorporator above named signs and acknowledges these Articles of Incorporation at Jacksonville, Florida on this 199 day of March, 1999.

J. Daniel Brogdon Incorporator

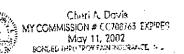
## STATE OF FLORIDA COUNTY OF DUVAL

Before me, the undersigned authority, personally appeared who is to me well known to be the person described in and who subscribed the above Articles of Incorporation, and he did freely and voluntarily acknowledge before me according to law that he made and subscribed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and my official seat, at Jacksonville in said County and State this  $\frac{|C|}{|C|}$  day of March 1999.

Notary Public

My Commission Expires:



# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the corporation is: Jacksonville Animal Eye Clinic, Inc.
- 2. The name and address of the registered agent and office is:

Janie/ J. <del>DAVI</del>D BROGDON 275 CORPORATE WAY SUITE 100 ORANGE PARK, FL. 32073



## **ACCEPTANCE**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

\_ \_\_\_\_\_