PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 12 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # p99000079453

REINSTATEMENT 08-04

100032506501
04/13/04--01016--016 **600.00

1. Corporation Name
Tampa Bay Veterinary Neurology, P.A.

2. Principal Office Address	3. Mailing Office Address
1501-A Belcher Rd. S.	4725 Highgate Blvd.
Suite, Apt. #, etc. — Suite 1-A	Suite, Apt. #, etc. —
City & State: Largo, Fl.	City & State: Palm Harbor Fl.
Zip: 33771 Country: USA	Zip: 34685 FL Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 9/1/99

5. FEI Number: 593599498 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: DR. GILLIAN IRVING

Street Address (P.O. Box Number is Not Acceptable): 4725 Highgate Blvd.

Suite, Apt. #, Etc.:

City: Palm Harbor | State: FL | Zip Code: 34685

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Gillian Irving D.V.M. Date: 4/7/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Dr. Gillian Irving	4725 Highgate Blvd.	Palm Harbor, FL. 34685

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Gillian Irving D.V.M. Gillian Irving 4/7/04 (727) 937-2526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Tampa Bay Veterinary Specialists

An Association of Individual Veterinary Specialty Practices

1501-A Belcher Rd., S., Ste. 1A
Largo, Florida 33771-4505

Dentistry/Ophthalmology/Surgery
(727) 535-3500
Dermatology/Internal Medicine/ Neurology
(727) 535-3600
Emergency
(727) 531-5752
Fax
(727) 539-7865

Website: www.tbvs-inc.com
Email: tbvs@tbvs-inc.com

Tampa Bay Veterinary Dentistry
R. Michael Peak, D.V.M.
Diplomate, A.V.D.C.

Tampa Bay Veterinary Dermatology, P.A.
Suzanne M. Cayatte, D.V.M.
Diplomate, A.C.V.D.

Tampa Bay Veterinary Internal Medicine, P.A
Gary P. Oswald, D.V.M., M.S.
Diplomate, A.C.V.I.M
Jennifer Clooten, D.V.M., D.V.Sc.
Diplomate, A.C.V.I.M.

Tampa Bay Veterinary Neurology, P.A.
Gillian Irving, D.V.M.
Diplomate, A.C.V.I.M.

Tampa Bay Veterinary Specialties, Inc. (Ophthalmology)
Thomas R. Miller, D.V.M., M.S.
Diplomate, A.C.V.O.

Tampa Bay Veterinary Surgery, Inc.
Matt G. Oakes, D.V.M.
Diplomate, A.C.V.S.
Kimberly R. Cox, D.V.M.
Diplomate, A.C.V.S.
Douglas P. Bruns, D.V.M.
Diplomate, A.C.V.S.
John A. Kirsch, D.V.M.
Staff Surgeon

Tampa Bay Veterinary Emergency Service, Inc.
Kathleen M. Meyer, D.V.M.
Denise D. Ginex, D.V.M.
Shawn R. Stanton, D.V.M.
Stacie Lipinski, D.V.M.
Janine Cianciolo, D.V.M.

4/7/04

To whom it may concern.

Please waive any penalties for reinstatement as I didnt receive any correspondence due to an address change. The updated address is on the form.

Sincerely,

G. Irving D.V.M.