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EXAMINER



#### FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662, TALLAHASSEE, FL 32302 (155 OFFICE PLAZA DRIVE, SUITE A, TALLAHASSEE, FL 32301 PHONE: (850) 216-0457 / FAX: (850) 216-0460

DATE: 2/15/2008

NAME: VCA ACADEMY ANIMAL HOSPITAL LP

TYPE OF FILING: APPLICATION TO TRANSACT

**BUSINESS** 

**COST: CK FOR \$1000 ATTACHED** 

**RETURN:** 

ACCOUNT: FCA000000015-

AUTHORIZATION: PAUL/ABBIE HODGE

#### APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA

#### Control 5 MIL. 16 VCA Academy Animal Hospital, LP (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP. (If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.) California (State or Country of Formation) C T Corporation System (Name of Registered Agent for Service of Process) 1200 South Pine Island Road, Plantation, Florida 33324 (Florida street address for Registered Agent) 6. 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 relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent. 12401 West Olympic Boulevard, Los Angeles, CA 90064 (Principal office address)

8. If limited partnership is a limited liability limited partnership, check box

	oulevard, Los Angeles, CA 90064 ing address)		
10. Name, principal office address, and mailing address of each general partner:			
VCA Animal Hospitals, Inc.	12401 West Olympic Boulevar		
(Name) F97000006477	Los Angeles, CA 90064		
	12401 West Olympic Boulevard		
	Los Angeles, CA 90064		
(Name)	(Street Address)		
	(Mailing Address)		
(Name)	(Street Address)		
•	(Mailing Address)		
(Name)	(Street Address)		
	•		
	(Mailing Address)		

Page 2 of 3

(Name)	(Street Address)
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)
filed by the Florida Department of an activity of the delivery of this application to State or other official having custod	or more than 90 days after the date this document is
law of which it is organized.  Signed this 29th day	of <b>January</b> ,20 <u>08</u> .
Signature of a general partner:	
Tomas W. Fuller, VP of VCA Animal Ho	spitals, Inc.
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

## State of California Secretary of State

### CERTIFICATE OF GOOD STANDING CALIFORNIA LIMITED PARTNERSHIP

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the **25th day of January**, **2008**, **VCA ACADEMY ANIMAL HOSPITAL**, **LP**, became recognized under the laws of the State of California by filing its certificate of Limited Partnership in this office; and

That according to the records of this office, the said limited partnership is authorized to exercise all its powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this limited partnership.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 29, 2008.



Jena Bowen

DEBRA BOWEN
Secretary of State