

# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

Corporations Division 100 North Main Street Proxidence, RI 02903-1335 401-222 3040

2005

Elling Period: January 1 - FORM MUST BE TYPED OR P		ng Fee: \$50.00			
Corporate ID No. <b>87969</b>	2 Name of Corporation  Medical Manag	" ement International, Inc			<del></del>
Street Address Principal Busine			Caty TD -4/ 1	State	Zip
1815 N.E. Glen Business Phone No	n Widing DRiv	5 State of Incorporation	PortLand	OR	97220
503-256- 72	199	DELAWARE			1958
trief Description of the Charac VETERINARY SERVI	ter of Business Conducted in	Rhede Island	•		1
NAMES AND ADDRESS	ES OF THE OFFICERS	S: ("X" BOX FOR ATT	Vice President Name	SPACES BEFORE USIN	
Regg Han	501	_	Jeffrey M.	Brant, DV	M
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1815 N.E.G	State State	Zip	://8/3 /V·E·G	Lenn Widing ]	Zip
ortland retar Name	OR	97220	PORTLand	OR	91220
Ruce G. B	eeniu o		Alan Stew	+	
ret Address	7		Street Address		
38 S.W. 5th 1	Ave		11815 N.E. G	Flenn Widing	Drive
.+/. 1	State	Zip		State	Zφ
RILAN d	OR THE DIRECTO	97204	tort Land	IUK	97220
ecter Same	ES OF THE DIRECTO	KS: ( A BOAFOR AL	:Director Name	N SPACES BEFORE US	ING ATTACHMENTS
cott D. Ca	mpbell		: <u>-</u>	Eancis	
et Address	1		Street Address		
<u> 1815 N.E.</u> G.	lenn Widing D	ei Je	19601 N. 27	Avenue Avenue	
rtland	State	<sup>Ζφ</sup> <b>9722</b> 0	Phoenix	State AZ	85027
Serald Fau	ist		Pores ver Name Robert Mo	lan	
54 Address		<del></del>	* in		
0085 Carrol	L Canyon Ro	ad Ste 210	19601 N. 2	7 Hvenue	
an Diego	State 0	Zψ	• City	State	Zup
SHARES ASTHORIZE	CA	92/31	Phoenix	("X" BOX FOR ATTAC	85027
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rais report must t	e aigned in mik by Cit	ner the r testuent, vice	r resident, occretary, ASSISI	ant Societary, Treasurer	, received of Trustee
1111					
			Under penalty of no	erjury, I declare and affirm	that I have examined this
	*87969	•		npanying schedules and sta	
		<	eontained herein an	e true and correct.	
e Date FILE	D		A COMPA	-	
	2005237	1620	Signature of Officer		Date
eck No. = MAY 0 9	ZUUD	T	Patricia	K. Isaac	
v: <b>D</b> .,	11/1/2		Print or Type Name	of Officer	

MMI the & MMI Hold		
Additional Officers	•	
Name Carting	Title	Business Address
Scott D. Campbell, DVM	Chairman & CEO	11815 N.E. Glenn Widing Drive, Portland, OR 97220
Hugh B. Lewis	Sr. VP - Practice Development	11815 N.E. Glenn Widing Drive, Portland, OR 97220
Dan Baldock	Sr VP & CIO, IT	11815 N.E. Glenn Widing Drive, Portland, OR 97220
Robert J. Logan	VP - Practice & Facility Development	11815 N.E. Glenn Widing Drive, Portland, OR 97220
William Novak, DVM	Sr. VP - Chief Medical Officer	11815 N.E. Glenn Widing Drive, Portland, OR 97220
Antoinette J. Jaffe	VP - Team Resources	11815 N.E. Glenn Widing Drive, Portland, OR 97220
Patricia K. Isaac	VP & Financial Controller	11815 N.E. Glenn Widing Drive, Portland, OR 97220
Additional Directors		
Name Toll But the 14	Title	Business Address
Michael Murphy	Board	6885 Elm Street, McLean, VA 22101
	Board	11815 N.E. Glenn Widing Drive, Portland, OR 97220
Richard E. Rice Pamela M. Wright	DOARO	111010 IV.L. Olem 7. lung Dive, 1 olimbo, Ok 97220

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## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Mat Www A. Brown, Secretary of State

Corporations Daysion 100 North Main Street Providence, RI 02903-1335 401 222 3040

PROFIT CORPO Elling Period: January 1 - FORM MUST BE TYPED OR PR	March 1 • I	NNUAL REPOR'	T FOR THE YEA	R200	)4		
Corporate ID No	2 Name of Corpor	2 Name of Corporation					
87969	Medical Ma	Medical Management International, Inc.					
3 Street Address Principal Busines	ss Office		City	State	Zip		
11815 N.E.	Glann Wid	ing Prive	Portland	OR	97220		
F Business Phone No		5 State of Incorporation		<u> </u>	6 SIC Orde		
503 - 256 - 7299 DELAWARE					1958		
Brief Description of the Charact VETERINARY SERVI		d in Rhode Island					
3. NAMES AND ADDRESS	ES OF THE OFFIC	ERS: ("X" BOX FOR ATT.	ACHMENT) [ FILL IN :	SPACES BEFORE USIN	NG ATTACHMENTS		
President Name			Vice President Name				
Kregg Ho	21501		Jeffrey	Brant A	NM		
Street Address			Street Address				
118/5 NE	Flenn Wie	ding Drive	11815 NE	Glen Wid	ling Drive		
Pontland	State OR	<sup>219</sup> <b>9</b> 7220	Portland	State OL	97220		
Secretary Name Bruce G.	Berning	_	Treasurer Name				
Street Address 888 SW FiFt	h Avenue	. Suite 1600	Street Address				
Portland	State	97220 TORS: ("X" BOX FOR A)	Giy TTACHMENT) ☐ FILL II	State N SPACES BEFORE US	Zφ SING ATTACHMENTS		
Ouvetor Name Phil France			: Director Venne	<sup>o</sup> ran	<u> </u>		
11815 NE G1	lan Widin	s Prive	Street Address 11815 NE	Olean Widin	Driva		
Portland	State O.C	9222	Bob Me Street Address 11815 NE Caty Leat land Director Name	State OK	7.p 7.p 97220		
Dick Rice			Director Name				
since address 11815 NE 61	len wider	2 Drive	Street Address				
Portland	State OL	14 2 2 Ju	Cit)	State	Zip		
10. SHARES AUTHORIZEI	D ("X" BOX FOR	ATTACHMENT) 🗍	: 11. SHARES ISSUED (	("X" BOX FOR ATTAC	CHMENT) [		
AUTHORIZED SHARES	-		ISSUED SHARES		· <u>-</u>		
Number of Shares	Class/Series	Par Value	Number of Shares	ClaseSeries	Par Value		
1,000 COMM \$.0001 PAR	VALUE		1000		2490 ,00/		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 8 7 9 6 9 *	
File Date _ 6 7 08	
Check No. 205369	
By:	
FOR SECRETARY OF STATE USE ONLY	

including any accompanying sched	and affirm that I have examined this report, ules and statements, and that all statements
contained herein are true and correct	1 3/15/04 Date
Jeffay Bona 1 Print or Type Name of Officer	, DVM
Title of Officer	Em. 620 Day 12/03

Corporations Division

401,222,3040

100 North Main Street, Providence, RI 02903-1335

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

2 Name of Corporation

(FORM MUST BE TYPED IN BLACK)

\*87969 FBC2/5/031:04:50 PM

FOR SECRETARY OF STATE USE ONLY

File Date

Check No.

I. Corporate ID No. \*87969\*

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

Medical Management International, Inc.

3. Street Address Principal Business Office Cin State 11815 N.E. GLENN WIDING DRIVE PORTLAND OR 97220 4 Business Phone No 5 State of Incorporation 6. SIC Code 503-256-7299 **DELAWARE** 1958 7 Brief Description of the Character of Business Conducted in Rhode Island VETERINARY SERVICES and on the comparable of the opposite and root manager of the analysis and the contractions Vice President Name Kregg Hanson .Jeffrey M. Brant, DVM Street Address Street Address 11815 NE Glenn Widing Drive · 11815 NE Glenn Widing Drive City State State Zıp Zip Portland OR 97220 Portland OR 97220 Secretary Name Treasurer Name Bruce G. Berning None Street Address \* Street Address 888 SW Fifth Avenue, Suite 1600 City State Zıp  $Z_{ip}$ Portland OR 97220 A PRESIDENCE OF A STREET, A nacentaling Stuffer and Apares in 1990 be divided Director Name Director Name Scott D. Campbell, DVM Philip L. Francis Street Address Street Address 11815 NE Glenn Widing Drive 19601 N 27th Avenue City State Zip ·Cito State Zip Portland 97220 OR Phoenix ΑZ 85027 Director Name Director Name Robert Moran Gerald Faust Street Address Street Address 19601 N 27th Avenue 10085 Carroll Canyon Road, Suite 210 Cin State .Cin  $Z_{ip}$ State Phoenix 92131 85027 San Diego CA 416-STEVERS A DESIGNATED CHAPTER TORY TO CHRISTIAN . THE SHALES ASSESSED FOR THE PORT OF THE SHALE THE AUTHORIZED SHARES ISSUED SHARES Number of Shares Par Value Number of Shares Par Value Class Series Class Series 24.409.878 \$.001 PAR VALUE 1,000 Common \$.0001 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements.

and that all statements contained herein are true and correct.

Jeffrey M. Brant, DVM

Print or Type Name of Officer Vice President

Title of Officer

2/14/03

Form 630 12/01

## Corporate ID No. 87969

Name of Corporation: Medical Management International, Inc.

#### Names and Addresses of Officers:

Chairman and Chief Executive Officer Scott D. Campbell, DVM 11815 N.E. Glenn Widing Drive Portland, OR 97220

## Chief Financial Officer/Chief Administrative Officer

Alan Stewart 11815 N.E. Glenn Widing Drive Portland, OR 97220

## Senior Vice President - Information Technology and Chief Information Officer

John May 11815 N.E. Glenn Widing Drive Portland, OR 97220

## Senior Vice President - Chief Medical Officer

William J. Novak, DVM 11815 N.E. Glenn Widing Drive Portland, OR 97220

## Senior Vice President of Veterinary Selection and Career Development

Debra Kujovich 11815 NE Glenn Widing Drive Portland, OR 97220

#### Names and Addresses of Directors:

Richard E. Rice 10206 No. 108th Place Saddle Rock Ranch Scottsdale, AZ 85259

Pamela M. Wright 170 Brinton Road Big Hom, WY 82833

Michael Murphy 6885 Elm Street McLean, VA 22101



Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1 - March 1 ● Filing Fee: \$50.00

(FORM MUST BE TYPED IN BI	LACK)				
1. Corporate ID No.	2. Name of Corporat				
<u> </u>	Medical Manag	gement Internation:	al, Inc.		
3. Street Address Principal Busine	~		City	State	Zip
11815 N.E. Glenn W	Viding Dr.		Portland	OR	97220
4. Business Phone No.		5. State of Incorporate	ion		6. SIC Code
503-345-5517		Delaware			1958
7. Brief Description of the Characterinary Hospital	cter of Business Condu	ted in Rhode Island			
8. NAMES AND ADDRESS President Name	ES OF THE OFFIC	ERS ("X" BOX FOR A	TTACHMENT) TILL IN SP	ACES BEFORE USING A	TTACHMENTS
Scott D. Campbell,	DVM		Jeffrey M. Bran	it. DVM	
Street Address	<del></del>	<del></del> -	Street Address		
11815 N.E. Glenn W	iding Dr.		11815 N.E. Glen	nn Widing Dr.	
City	State	Zip	City	State	Zup
Portland	or	97220	Portland	OR	97220
Secretary Name			Treasurer Name	'	!
Bruce Berning			•		
Street Address			Street Address		
11815 N.E. Glenn W	iding Dr.		•		
City	State	Zip	City	State	Zip
Portland	OR	97220	:		
9. NAMES AND ADDRESS	ES OF THE DIREC	TORS ("X", BOX FOR	ATTACHMENT) ZIFILIAIN S	PACES BEFORE USING	ATTACHMENTS STATE
Director Name	sames to a sat to a	. to more the commence of the	, Director Name		
Phil Francis			Dick Rice		
Street Address			· Street Address		······································
19601 N. 27th Ave.			10206 N. 128th	PL.	
City	State	Zip	·City	State	Zip
Phoenix	AZ	85027	Scottsdale	AZ	85259
Director Name	<b></b> .		Director Name		
Bob Moran			Scott D. Campbe	:11, DVM	•
Street Address		<del></del>	Street Address		<del></del>
6885 Elm St.			[11815 N.E. Glen	n Widing Dr.	
City	State	Zip	.Ciry	State	Zip
McLean	VA	22101	Portland	OR	97220
10. SHARES AUTHORIZE	D ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED ("X	" BOX FOR ATTACHMEN	の日本の時代を開発
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
24,409,878		.0001	7,501,451		.0001
This report must be signed	l in ink by either	the President, Vice	President, Secretary, Assis	stant Secretary, Treas	urer, Receiver or Truste

-u ED			and that all statements contained herein a	re true and correct.
File Date FILED ZO.	III SP Z	2Eb 30	selfelle from	The 9500
Check No. SEP 3 0 2002	<u>년</u> 36) 175(	S. 464	Jeffrey M. Brant, DVM	Date
DU SIM DUSSIN	TS 40 Y9A	280BS	Print or Type Name of Officer	
FOR SECRETARY OF STATE USE ONLY	:OEINED	35.	Vice-President	
TON SECRETARY OF STATE, OSE ONE!			Title of Officer	Form 630 12/01

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,

## MMI Holdings, Inc Medical Management International, Inc DBA Banfield, The Pet Hospital

## Board of Directors:

<u>Name</u>	<u>Title</u>	Address
Scott D. Campbell, DVM	Banfield, The Pet Hospital	11815 N.E. Glenn Widing Dr., Portland, OR 97220
Phil Francis	Chairman & CEO PetSmart	19601 N. 27th Ave., Phoenix, AZ 85027
Bob Moran	President PetSmart	19601 N. 27th Ave., Phoenix, AZ 85027
Mike Murphy	Persident/Americas Reg Mars, Inc	6885 Elm St., McLean, VA 22101
Peter Cheney	Chairman & CEO Mars, Inc	6885 Elm St., McLean, VA 22101
Dick Rice		10206 N. 128th PL., Scottsdale, AZ 85259
Gerry Faust	President Faust Management Corp	10085 Carroll Canyon Rd, 210. San Diego, CA 92131

## Corporate Officers:

<u>Name</u>	<u>Title</u>	Address
Scott D. Campbell, DVM	Chairman & CEO	11815 N.E. Glenn Widing Dr., Portland, OR 97220
Kregg Hanson	President & COO	11815 N.E. Glenn Widing Dr., Portland, OR 97220
Alan Stewart	Executive VP, CFO, & CAO	11815 N.E. Glenn Widing Dr., Portland, OR 97220
Hugh Bilson Lewis, BVMS	Sr. VP - Practice Development	11815 N.E. Glenn Widing Dr., Portland, OR 97220
Robert Logan	Sr. VP - Hospital Operations	11815 N.E. Glenn Widing Dr., Portland, OR 97220
William Novak, DVM	Sr. VP - Chief Medical Officer	11815 N.E. Glenn Widing Dr., Portland, OR 97220
John May	Sr. VP & Chief Information Officer	11815 N.E. Glenn Widing Dr., Portland, OR 97220
Debbie Kujovich	Sr. VP & Controller	11815 N.E. Glenn Widing Dr., Portland, OR 97220
Jeffrey M. Brant, DVM	Vice President	11815 N.E. Glenn Widing Dr., Portland, OR 97220
Bruce Berning	Secretary	11815 N.E. Glenn Widing Dr., Portland, OR 97220



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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FORM MUST BE TYPED I. 1. Corporate ID No.	N BLACK)    2. Name of Corpor		<del></del>	· · · · - · · · · · · · · · · · · · · ·			
200 L-0		nagement Internation	al. Inc.				
3. Street Address Principal B	<b>3</b>		City	State	Zip		
11815 N.E. Glen			Portland	OR	97220		
4. Business Phone No.		5. State of Incorporat	ion		6. SIC Code		
503-345-5517 Delaware					1958		
7. Brief Description of the Ci Veterinary Hospit	haracter of Business Con- al	ducted in Rhode Island					
8. NAMES AND ADDR	ESSES OF THE OFF	ICERS ("X" BOX FOR A	TTACHMENT)  FILL IN SPA	ACES BEFORE USING A	TTACHMENTS		
Scott D. Campbel	11. DVM		Jeffrey M. Bran	t. DVM			
Street Address		<del></del>	Street Address		<del></del>		
11815 N.E. Glenr	n Widing Dr.		: 11815 N.E. Glen	n Widing Dr.			
City	State	Zip	City	State	Zip		
Portland	OR	97220	· Portland	OR	97220		
Secretary Name		'	Treasurer Name		• • • • • • • • • • • • •		
Bruce Berning			•				
Street Address			Street Address	· Street Address			
11815 N.E. Glenr	n Widing Dr.		:				
City	State	Zip	City	State	Zip		
Portland	OR	97220	•				
	ESSES OF THE DIR	ECTORS ("X" BOX FO	RATTACHMENT) FILL IN S	PACES BEFORE USING	ATTACHMENTS		
Director Name			, Director Name				
Phil Francis		<u></u>	Dick Rice		<del></del>		
Street Address			Street Address				
19601 N. 27th Av	ve.		10206 N. 128th	PL.			
City	State	Zip	·Ciry	State	Zip		
Phoenix	AZ	85027	Scottsdale	AZ	] 85259		
Director Name Bob Moran			Director Name Scott D. Campbe	:11, DVM			
Street Address			·Street Address		<del></del>		
6885 Elm St.			11815 N.E. Glen	n Widing Dr.			
City:	State	Zıp	City	State	Zip		
McLean	VA	22101	Portland	OR	97220		
10. SHARES AUTHOR	JZED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED ("X	" BOX FOR ATTACHME	N7) [] (N/)		
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24,409,8	78	.0001	7,501,451		.0001		
This report must be sign	ened in ink hy eithi	er the President Vice	President, Secretary, Assis	signi Secretary Treas	urer Receiver or Trust		
roport must be sig	Suca in the O' come	c. me i residem, rice		Decretary, ricus	and the state of state		

FILED

Check No. SEP 3 0 2002

By: By: ONLY

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Jeffrey M. Brant, DVM

Vice-President

Title of Officer

Form 630 12/01



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

-	2. Name of Corpor Medical Man						
3. Street Address Principal Busin		agement Internation:	al, Inc.				
1.00.5 11 5 51	3. Street Address Principal Business Office			State	Zip		
11815 N.E. Glenn Widing Dr.			Portland	OR	97220		
4. Business Phone No. 5. State of Incorpora			on		6. SIC Code		
503-345-5517 Delaware					1958		
7. Brief Description of the Char. Veterinary Hospital	acter of Business Cond	ducted in Rhode Island	<del></del>		<del> </del>		
8. NAMES AND ADDRES	SES OF THE OFF	ICERS ("X" BOX FOR A	TTACHMENT) IFILL IN SPA	CES BEFORE USING AT	TACHMENTS		
Scott D. Campbell	חע <b>ו</b> א		. <i>Vice President Name</i> - Jeffrey M. Brant	DVM			
Street Address	, 5411			Street Address			
11815 N.E. Glenn 1	Widing Dr		. 11815 N.E. Glenr	Widing Dr			
City	Store	Zip	City	State	Zip		
Portland	OR	97220	· Portland	OR	97220		
Secretary Name			Treasurer Name	'			
Bruce Berning			•				
Street Address			Street Address				
11815 N.E. Glenn (	Widing Dr.		•				
City	State	Zip	*City	State	Zip		
Portland	OR	97220	•				
	SES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT) I FILL IN SP	ACES BEFORE USING	ATTACHMENTS		
Director Name			, Director Name				
Phil Francis			Dick Rice				
Street Address	· · · · · ·		· Street Address				
19601 N. 27th Ave	•		10206 N. 128th P	L.			
City	State	Zip	·City	State	Zip		
Phoenix	AZ	85027	Scottsdale	AZ	85259		
Director Name			Director Name				
Bob Moran			Scott D. Campbel	.1, DVM			
Street Address		•	·Street Address				
6885 Elm St.	18	16.	11815 N.E. Glenn		15		
City McLean	State VA	<i>Zip</i>   22101	<i>.Ciry</i> 'Portland	State OR	<i>Σιρ</i> 97220		
		<u> </u>	•				
10. SHARES AUTHORIZ	ED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHMEN	$D \cup AX$		
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value		
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I his report must be signe	ed in ink by eithe	r the President, Vice	President, Secretary, Assist	ant Secretary, Treas	urer, Receiver or Tru		

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

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File Date Check No.	SEP 3 0 2002	
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FOR SECRET	TARY OF STATE USE ONLY	

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Jeffrey M. Brant, DVM

Print or Type Name of Officer

Vice-President

Form 630 12/01



Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

18815 N.E. Glenn Widing Dr.  8. Names Phone No.  1958  2. But Generation Delaware  2. But Generation of the Character of Business Conducted in Rhode Island Veterinary Bespital  8. NAMES AND ADDRESSES OF THE OFFICERS. CX. BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS. Servet Address  18815 N.E. Glenn Widing Dr.  2. City Portland OR Portlan	. Corporate ID No.	2. Name of Corpor				
18815 N. E. Glenn Widing Dr.   State of Incorporation   Delaware   1958   State of Incorporation   Delaware   1958	<u>Papp_8_</u>	Medical Man	agement Internations	al, Inc.		
Solic of Incorporation   1958   195	3. Street Address Principal Business Office			Cin		Zip
Delaware   1958   195	11815 N.E. Glen	n Widing Dr.		Portland	OR	97220
Vertex landry Beophta 1  Secret D. Campbell, DVM Jeffrey M. Brant,				on		6. SIC Code
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)   FILL'IN SPACES BEFORE USING ATTACHMENTS	503-345-5517		Delaware			1958
Size   Address   Street Address   Str	Brief Description of the Civeterinary Rospit	haracter of Business Cond a1	ducted in Rhode Island			
Street Address   Street Address   11815 N.E. Glenn Widing Dr.   11815 N.E. Glenn Widing Dr.   12p   City   State   Zip   Portland   OR   97220   Portland   OR   Portland   OR   Portland   OR   Portland   Portland   OR   Portland   Portland   OR   Portland   Portland   OR   Po	resident Name		ICERS ("X" BOX FOR A	Vice President Name		TTÀCHMENTS (1)
11815 N.E. Glenn Widing Dr.  11815 N.E. Glenn Widing Dr.  1197 State 1707 OR  1708 97220 POTTLAND 1708 POTTLAND 1709 POTTLAND 17	Scott D. Campbel	ll, DVM		Jeffrey M. Bran	t, DVM	
State   Stat	irreet Address			Street Address		
Portland OR 97220 Portland OR 97220  Frequency Name Struce Berning  Frequency Name Struce Berning  Frequency Name Struce Berning  Frequency Name Struce Berning  Frequency Name Struce Address  11815 N.E. Glenn Widing Dr.  Frequency State  97220  9. NAMES AND ADDRESSES OF THE DIRECTORS 7.2.20X FOR ATTACHMENT PILE IN SPACES REFORE USING ATTACHMENTS  Director Name  Phil Francis  Frequency Name  Frequency Name  Phil Francis  Frequency Name  Frequency Na	11815 N.E. Glenr	n Widing Dr.		· 11815 N.E. Glen	n Widing Dr.	
Street Address 17	•		Zip	City		1 3
Street Address  11815 N.E. Glenn Widing Dr.  City Portland OR P7220  9:NAMES AND ADDRESSES OF THE DIRECTORS TX BOX FOR ATTACHMENT FILL IN SPACES REFORE USING ATTACHMENTS Director Name Phil Francis Dick Rice Street Address 19601 N. 27th Ave.  City Phoenix AZ BS027 Scottsdale AZ BS027 Scottsdale AZ BS259 Director Name Bob Moran Scott D. Campbell, DVM Street Address 6885 Elm St.  City State Scott D. Campbell, DVM Street Address 11815 N.E. Glenn Widing Dr.  City State AZ POTOLIAND Street Address Stre	· · ·	OR	97220		OR	97220
Street Address   Stre	•			Treasurer Name		
State   Stat	Bruce Berning					
State   Stat				Street Address		
Portland OR 97220  9 NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ("FILL IN SPACES BEFORE USING ATTACHMENTS) Director Name Phil Francis Director Name Phil Francis Director Name Phil Francis Director Name Photon State Zip City State Address Phoenix AZ 85027 Scottsdale AZ 85259 Procetor Name Bob Moran Scott D. Campbell, DVM Prector Name Prect	11815 N.E. Gleni	widing Dr.		•		
9 NAMES AND ADDRESSES OF THE DIRECTORS 7 X BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Phil Francis    Dick Rice   Dick Rice	•		<b>■</b> *	Ciny .	State	Zip
Director Name Phil Francis Dick Rice  Preset Address Dick Rice  Preset Address Dick Rice  Dick Rice  Street Address Dick Rice  Street Address Dick Rice  Dick Rice  Street Address Dick Rice  Street Address Dick Rice  Dick Rice  Street Address Dick Rice Dick Rice  Zip Dick Rice  Zip Dick Rice  Zip Dick Rice  Zip Dick Rice Dick R		<u> </u>	. <u>.                                   </u>	<u>.                                    </u>		
Phil Francis  Street Address  19601 N. 27th Ave.  City Phoenix AZ  85027  Scottsdale  Scott D. Campbell, DVM  State Bob Moran  Street Address  6885 Elm St.  City McLean  VA  22101  10. SHARES AUTHORIZED ("X", BOX FOR ATTACHMENT)   AUTHORIZED SHARES  Number of Shares  Class/Scries  Par Value  Director Address  Street Address  11. SHARES  SUED SHARES  Number of Shares  Class/Scries  Par Value  Director Name Scott D. Campbell, DVM  State City State City State OR  Portland OR  97220  10. SHARES AUTHORIZED ("X", BOX FOR ATTACHMENT)   AUTHORIZED SHARES  Number of Shares  Class/Scries  Par Value  24,409,878  .0001  7,501,451  .0001	9' NAMES AND ADDR	ESSES OF THE DIRI	ECTORS 7("X" BOX FOR		PACES BEFORE USING	ATTACHMENTS
Street Address 19601 N. 27th Ave.  10206 N. 128th PL.  State Phoenix AZ 85027 Scottsdale AZ 85259  Sirector Name Bob Moran Street Address 11815 N.E. Glenn Widing Dr.  State VA 22101 Portland OR 97220  10. SHARES AUTHORIZED ("X", BOX FOR ATTACHMENT)   AUTHORIZED SHARES Number of Shares Class/Series Par Value  Number of Shares  Class/Series Par Value  0001  7,501,451-  0001				• • • • • • • • • • • • • • • • • • • •		
10206 N. 128th PL.	Phil Francis			Dick Rice		
State   Zip   State   Zip   City   State   Zip   R5027   Scottsdale   AZ   R50259    Director Name   Director Name   Scott D. Campbell, DVM    Street Address   State   Zip   OR   97220    Total City   State   Zip   City   State   Zip   OR   97220   OR   97220    Total City   State   Zip   State   Zip   OR   97220    Total City   State   Zip   State   Zip   OR   Portland   OR   97220    Total City   State   Zip   State   Zip   OR   Portland   OR   Portland   OR   Portland   OR   Portland   OR   Portland   OR   Portland   Class/Scries   Portland   Class/Scries   Portland   Portland   Class/Scries   Portland   Or						
Phoenix AZ 85027 Scottsdale AZ 85259  Director Name Bob Moran Scott D. Campbell, DVM  Sireel Address 6885 Elm St. Slace Zip MCLean VA 22101 Portland OR 97220  10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES  Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value  24,409,878 .0001 7,501,4510001	Street Address	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Street Address		
Director Name Bob Moran  Scott D. Campbell, DVM  Street Address  6885 Elm St.  Street Address  11815 N.E. Glenn Widing Dr.  City  McLean  VA  22101  Portland  OR  97220  10. SHARES AUTHORIZED ("X", BOX FOR ATTACHMENT)   311. SHARES ISSUED ("X", BOX FOR ATTACHMENT)   312. SHARES  Number of Shares  Vamber of Shares  Class/Series  Par Value  24,409,878  .0001  7,501,451  .0001	· ·	/e			PL.	
Scott D. Campbell, DVM  Sircei Address Sircei Address 11815 N.E. Glenn Widing Dr.  City McLean VA 22101 Portland OR 97220  Solic VX, BOX FOR ATTACHMENT) SUTHORIZED SHARES Vumber of Shares Class/Series Par Value VA 24,409,878 .0001 Portland Number of Shares Vumber of Shares Class/Series Par Value 0.0001  7,501,451 .0001	19601 N. 27th Av		1	10206 N. 128th	<del> </del>	Zip
Sircel Address  6885 Elm St.  City State VA 22101 Portland OR  97220  10. SHARES AUTHORIZED ("X", BOX FOR ATTACHMENT)   6	19601 N. 27th Av Dig Phoenix	State	1	10206 N. 128th	State	1 '
State   Stat	19601 N. 27th Av Din Phoenix	State	1	City Scottsdale Director Name	State AZ	1 '
City State Zip City State 72p McLean VA 22101 Portland OR 97220  10. SHARES AUTHORIZED ("X", BOX FOR ATTACHMENT) 16 11. SHARES ISSUED ("X", BOX FOR ATTACHMENT) 15 11. SHARES ISSUED ("X", BOX FOR ATTACHMENT ("X", BOX FOR	19601 N. 27th Av City Phoenix Director Name	State	1	City Scottsdale Director Name	State AZ	1 '
MCLEAN VA 22101 Portland OR 97220  10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)   6   211. SHARES ISSUED ("X", BOX FOR ATTACHMENT)   6   212. SHARES ISSUED ("X", BOX FOR ATTACHMENT)   6   212. SHARES ISSUED ("X", BOX FOR ATTACHMENT)   6   212. SHARES ISSUED SHARES   1   1   1   1   1   1   1   1   1	19601 N. 27th Av City Phoenix Director Name Bob Moran Street Address	State	1	: 10206 N. 128th :City : Scottsdale : Director Name : Scott D. Campbe :Street Address	State AZ 	1 '
10. SHARES AUTHORIZED ("X", BOX FOR ATTACHMENT):   6	19601 N. 27th Av City Phoenix Director Name Bob Moran Street Address 6885 Elm St.	State AZ	85027	10206 N. 128th  City Scottsdale Director Name Scott D. Campbe Street Address 11815 N.E. Glen	State AZ :11, DVM n Widing Dr.	85259
AUTHORIZED SHARES  Number of Shares  Class/Series Par Value  Number of Shares  Class/Series Par Value  7,501,451_  .0001	19601 N. 27th Av City Phoenix Director Name Bob Moran Greet Address 6885 Elm St.	State AZ 	85027 Zip	10206 N. 128th  City Scottsdale Director Name Scott D. Campbe Street Address 11815 N.E. Glen	State AZ  11, DVM  n Widing Dr.  State	85259 Zip
Number of Shares         Class/Series         Par Value         Number of Shares         Class/Series         Par Value           24,409,878         .0001         7,501,451_         .0001	19601 N. 27th Av City Phoenix Director Name Bob Moran Street Address 6885 Elm St. City McLean	State AZ  State VA	85027 Zip 22101	10206 N. 128th  City Scottsdale Director Name Scott D. Campbe Street Address 11815 N.E. Glen City Portland	State AZ	7.5p 97220
24,409,878 .0001 7,501,4510001	19601 N. 27th Av City Phoenix Director Name Bob Moran Street Address 6885 Elm St. City McLean	State AZ  State VA	85027 Zip 22101	10206 N. 128th  City Scottsdale Director Name Scott D. Campbe Street Address 11815 N.E. Glen City Portland	State AZ	7.5p 97220
24,405,070	19601 N. 27th Av City Phoenix Director Name Bob Moran Street Address 6885 Elm St. City McLean 10. SHARES AUTHOR	State AZ State VA IZED ("X" BOX FOR.	85027   Zip   22101   ATTACHMENT)     A	10206 N. 128th  City Scottsdale Director Name Scott D. Campbe Street Address 11815 N.E. Glen City Portland ISSUED SHARES	State AZ  AZ  AZ  State  State  OR  CRATTACHMEN	85259 2/p 97220
	19601 N. 27th Av City Phoenix Director Name Bob Moran Street Address 6885 Elm St. City McLean 10. SHARES AUTHOR	State AZ State VA IZED ("X" BOX FOR.	85027   Zip   22101   ATTACHMENT)     A	10206 N. 128th  City Scottsdale Director Name Scott D. Campbe Street Address 11815 N.E. Glen City Portland ISSUED SHARES	State AZ  AZ  AZ  State  State  OR  CRATTACHMEN	85259 2/p 97220
<u> </u>	19601 N. 27th Av City Phoenix Director Name Bob Moran Street Address 6885 Elm St. City McLean 10 SHARES AUTHOR AUTHORIZED SHARES Number of Shares	State AZ State VA IZED ("X" BOX FOR.	85027   Zip   22101   ATTACHMENT)     6	10206 N. 128th  City Scottsdale Director Name Scott D. Campbe Street Address 11815 N.E. Glen City Portland ISSUED SHARES Number of Shares	State AZ  AZ  AZ  State  State  OR  CRATTACHMEN	7.ip 97220 √1) □ 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or	19601 N. 27th Av City Phoenix Director Name Bob Moran Street Address 6885 Elm St. City McLean 10 SHARES AUTHOR AUTHORIZED SHARES Number of Shares	State AZ State VA IZED ("X" BOX FOR.	85027   Zip   22101   ATTACHMENT)     6	10206 N. 128th  City Scottsdale Director Name Scott D. Campbe Street Address 11815 N.E. Glen City Portland ISSUED SHARES Number of Shares	State AZ  AZ  AZ  State  State  OR  CRATTACHMEN	7.ip 97220 √1) □ 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

| Check No. | SEP 3 0 2002 | SEP 3 0 2002

Under penalty of perjury, I declare and affirm that I have examined



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

401-277-3040

PROFIT CORPORATION		FOR	THE	YEAR	1998
Filing Period: January 1-March I •	Filing Fee: \$50.00				

STOP PLLASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BL)	ACK)				
1. Corporate ID No. <b>87969</b>	2. Name of Corpora <b>Medical Ma</b> i	<sup>ien</sup> 1agement Internations	al, Inc.		
3 Street Address Principal Business 14333 NE SAN			PORTLAND	State OR	97226
4. Business Phone No. (503) 256 - 72	299	5. State of Incorporation DELAWARE			6. SIC Code <b>1958</b>
7. Brief Description of the Characte		n Rhode Island ARIAN PRACTICE	<u>-</u>		
8. NAMES AND ADDRES	SES OF THE OFFI	CERS ("X" BOX FOR ATTACE	IMENT)		
President Name DONALD SP			Vice President Name	PANT	
14333 NE S			Street Address 14333 NE	SANDY BLUD	
POETLAND	state OL	97220	PURTLAND	State OR	97220
Secretary Name			Treasurer Name		
BRUCE BERNING	<u>C-</u>				
Succe Address 1600 PIONEER TO	wee 1880 <	VV FITH AUG	Street Address		
City O			City	State	Zin .
PORTLAND	OR	97204-2099	•		<b>7</b> 0
9. NAMES AND ADDRES	SSES OF THE DIRE	CTORS ("X" BOX FOR ATTA	ACHMENT) × Director Name		2 10 m
SCOTT CAMPBE	<del>e</del> u_		MICHAEL MU	RPHY	
14333 NE SANI	DY BLVD		Street Address 14333 NE SAI	VDY BLVD	نثث
Dott note	O.L.	97220	City	State 017	Zip A O 2 2 2 A
POLTLAND Director Name	UL	9 1220	PORTLAND Director Name	OIZ	97220
RICHARD RIC	E			'EAR	
14333 NE S	ANDY BLUD		14333 NE	SANDY BLVD	
PULTLAND	State P. O	71p	City	State	Zip O. 222
	OK	47270	PURTLAND	OR	97220
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR ATT)	CHMENT)	11. SHARES ISSUED ( ISSUED SHARES	*X* BOX FOR ATTACHMENT)	
Number of Shares 20,000,000	Class/Series COMM	IN Par Value . OO 1	Number of Shares	Class/Series	Par Value
24,409,878 \$.001 PA	R		i,190,001	COMMUN	. 001
655,750 1,612,903	Prefered Preferred	A B	505,000 806, 451	preferry B	
This report must be sign	i <b>ed in ink</b> by eith	er the President, Vice I	President, Secretary, Assi	istant Secretary, Treasure	er. Receiver or Trus

stee

* 8 7 9 6 9 *	Under penalty of perjury, I declare and affirm that I have examined
14/11c/ax	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
File Date.	10 Re 605
Check No.:	Jefrey Brant, Di
By: \( \( \subseteq \)	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	VICE PRESIDENT

Title of Officer

## **BOARD OF DIRECTORS CONTINUED:**

C. DONALD DORSEY 10000 N 31<sup>ST</sup> AVE PHOENIX, AZ 85051

MARK HANSEN 10000 N 31<sup>ST</sup> AVE PHOENIX, AZ 85051

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

## PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

87969

4. Business Phone No.

Medical Management International, Inc.

3 Street Address Principal Business Office 14333 N.E. Sandy Blvd.

5. State of Incorporation DELAWARE

Portland

State

 $Z_{ip}$ 

Oregon 97220

6. SIC Code 1958

(503) 256-7299 7. Brief Description of the Character of Business Conducted in Rhode Island

Veterinary Medical Services

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) X

President Name

Secretary Name

Street Address

Vice President Name

Donald S. Spear Street Address

14333 N.E. Sandy Blvd.

City Portland

OR

97220

14333 N.E. Sandy Blvd.

Jeffrey M. Brant, D.V.M.

Portland

OR

State

10000 N. 31st Avenue, Suite C-300

 $Z_{IP}$ 97220

 $Z_{1p}$ 

Zip

85051

Treasurer Name

Street Address

None

City

Street Address

14333 N.E. Sandy Blvd. City

Michael J. Twain

Portland

OR

97220

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) X

Street Address

Phoenix

Director Name

Street Address

C. Donald Dorsey

Director Name

Scott D. Campbell, D.V.M.

Street Address

Director Name

City

Director Name

14333 N.E. Sandy Blvd.

City

97220

OR

Peter A. Cheney

Street Address'

Portland

3250 E. 44th Street, P.O. Box 58853 State

CA

90058

High Street

Michael Murphy

Hackettstown

New Jersey

State

Arizona

Zip

07840

10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) X AUTHORIZED SHARES

Number of Shares

Vernon

Class/Series

Par Value

ISSUED SHARES

Number of Shares

Cluss/Series

Par Value

21,268,653 SHS \$.001 PAR

655,750

Preferred/Series

\$0.001

505,000

6,659,321

Common

\$0.001

Preferred/series

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

3/6/97 \_\_\_

Jeffrey M. Brant, D.V.M.

Print or Type Name of Officer

Vice President - Operations Title of Officer



#### MEDICAL MANAGEMENT INTERNATIONAL, INC.

(Attachment to Rhode Island - Profit Corporation Annual Report 1997)

### 8. Names and Addresses of the Officers

Name and Address	Office(s)
Scott D. Campbell, D.V.M. 14333 NE Sandy Blvd. Portland, OR 97220	Chairman and Chief Executive Officer
Jeffrey M. Brant, D.V.M. 14333 NE Sandy Blvd. Portland, OR 97220	Vice President - Operations
Hugh Lewis, D.V.M. 14333 NE Sandy Blvd. Portland, OR 97220	Senior Vice President, Practice Development
Kris Otteman-Brant, D.V.M. 14333 NE Sandy Blvd. Portland, OR 97220	Vice President, Team Resources and Education

Bruce G. Berning 1600 Pioneer Tower 888 SW Fifth Avenue Portland, Oregon 97204 Assistant Secretary

## 9. Names and addresses of the Directors

### Name and address

Mark Hansen 10000 N. 31st Avenue Suite C-300 Phoenix, Arizona 85051

Donald S. Spear 14333 NE Sandy Blvd. Portland, OR 97220 Richard Rice 14333 NE Sandy Blvd. Portland, OR 97220

#### 10. Shares Authorized and Issued

No. of shares authorized	No. of shares issued	Class/ Series	Par Value
20,000,000	6,659,321	Common	\$0.001
2,052,903	2,052,903	Preferred/B	\$0.001
350,000	none	Preferred/C	\$0.001
1,351,225	1,351,225	Preferred/D	\$0.001