TELECOMMUNICATIONS SERVICES AGREEMENT

THIS TELECOMMUNICATIONS SERVICES AGREEMENT (the "Agreement") is made this 24th day of July, 2000, by and between CoxCom, Inc. d/b/a Cox Communications Gainesville/Ocala ("Cox") and Clayton Kallman ("Owner").

WHEREAS, Cox, itself and/or through its affiliates, is a full-service provider of telecommunications services including, but not limited to, cable television service pursuant to a franchise (the "Franchise") from the appropriate governmental entity and is permitted by the Franchise and/or other applicable laws to make such telecommunications services (the "Services") available to commercial properties and residents in the Franchise area; and

WHEREAS, Owner holds title to, or is the authorized managing agent for Owner of, the real property located at 111 NW 16th Street, Gainesville, Florida 32603, which presently includes improvements located thereon totaling 107 multiple dwelling units commonly known as Looking Glass Apartments (collectively, the "Premises") and which is more particularly described in Exhibit "A" attached hereto and by this reference incorporated herein; and

WHEREAS, Owner desires to grant to Cox an easement and access to the Premises to sell and provide Services directly to tenants and other persons renting or leasing a residential dwelling unit from Owner ("Tenant(s)"); and

WHEREAS, Cox is willing and desires to provide Services to Tenants at the Premises upon the terms and conditions set forth hereafter; and

WHEREAS, the parties desire to establish the ownership of certain facilities and equipment installed by Cox or its predecessors within the Premises.

NOW, THEREFORE, in consideration of the promises and covenants contained herein and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

1. <u>Purpose, Term of Agreement and Rates</u>. The purpose of this Agreement is to state the terms and conditions under which Owner will provide an easement and access to the Premises to Cox and Cox will make Services available to units and Tenants in the Premises. It is understood that payment for Services shall be the responsibility of Tenants.

This Agreement shall commence on <u>July 31, 2000</u>, and terminate on <u>July 30, 2010</u>. At the end of the original term, or any successive term, this Agreement will automatically renew for successive terms of one (1) year each unless either party gives written notice of its intent not to renew to the other party at least ninety (90) days prior to the expiration of the previous term (the "Term"); provided, however, that if at any time during the original Term of this Agreement (or a successive one-year Term) a third party is providing services to Owner or to Tenants in competition with any Services then being provided by Cox to the Premises, the Term of this Agreement shall thereafter continue to the end of the term of the Franchise, and any renewal or extension thereof.

Cox shall provide Services to any Tenants who desire to subscribe to any Services as may be offered by Cox at the Premises from time to time. Such Services will be provided in accordance with the Franchise, applicable law and the rules and regulations of the Federal Communications Commission ("FCC"). The Services Cox provides shall be at the rates Cox lawfully establishes from time to time. Cox retains the right to control, add to, delete and/or change the Services. Cox shall give proper notice of any changes in rates or Services to Tenants. Fees shall be due and payable in advance pursuant to a separate agreement executed by Cox and each Tenant subscribing to Services. Owner acknowledges and agrees that Services to any Tenant may be terminated for Tenant's failure to pay for Services or to otherwise abide by the provisions of Cox's agreement with Tenant.

If Owner requests services other than those specified in this Agreement, Cox may furnish such additional services at its established rates then in effect or, in the absence of established rates, at a reasonable charge as Cox determines.

		-							
353	Hospital Per Day 10 to 60 lbs		301L		Radiology-Additional Large Film		542		Exploratory - Abdominal
355	Hospital Per Day 100 lbs or >		309		OFA - Mailing Fee		372		Eye - 3rd Eyelid Tack Down
354	Hospital Per Day 60 to 100 lbs		306S		Radiology-Postoperative - Small		544		Eye - Entropion/Ectropion Repa
356	Hospital Per Day - Day Patient		306L	Г	Radiology-Postoperative - Large		545	Τ	Eye - Enucleation
357	Hospital Per Day - Intensive C.			CAS	T & BANDAGING		546		Eye - Protective Flap
358	Hospital Per Day - Special C.		124	Π	Bandaging		550	Г	Fracture Repair - I.M. Penning
363	Isolation Services			- 11	NJECTABLES		559		Hernia - Umbilical
716	Rabies Quarantine		DW-347	Π	Amoxicillin		565	T	Laceration - Major
	LABORATORY		DW-BAY		Baytrill		566		Laceration - Minor
ACTH	ACTH Stim Test		DW-N09	Γ	Benadryl		582	Г	Spay Add On Fee - Heat/Preg
200	AZO-STIX Paper Strip Test		DW-216	Π	Cefazolin Sod.		583	Г	Spay Add On Fee - Pyometra
PRE1	Bloodwork Under 3 Years		DW-1027		Diazepam		NUTQ		Spay and Neuter
PRE2	Bloodwork 3-6 years	11	DW-635		Gentocin		MSCL		Surgery Other
PRE3	Bloodwork 6 Years & Over		DW-651	Τ	Lasix		001		Suture Removal
241	Brucella Test		DW-715	T	Lidocaine		600		Tails (Neonatal)
219Q	CBC		DW-M726	Γ	Methyl Pred		592		Tails and Declaws (Neonatal)
213	CBC Panel Felv/Fiv		DW-675	T	Solu-Delta Cortef 100mg		594		Tumor Removal - External
213	Chem-Profile - To Lab		DW-676	T	Solu-Delta Cortef 500mg		595		Turnor Removal - Internal
214	Chem-Profile - In House	11	DW-729	T	Torbugesic				V.
225	Culture and Sensitivity		1	_	NESTHESIA	Not	es:		
236	Cytology		505A	Т	Anesthesia-Every 15 Minutes	-			
227D	DTM	11	505N	Г	Anesthesia-Inhalant Ind 30mi				
254Q	Fecal Test		505		Anesthesia-Inhalent Inductio				
404Q	Feline Leukernia Test		506		Anesthesia-Intramuscular				
259Q	Felv/Fiv Tet		507	Г	Anesthesia-Intravenous	-			
246	Fip Test		5051	Г	Anesthesia-Isoflurane Induce	Med	40:		
227	Fungal Culture		508		Anesthesia-Local	IVIE	<i>1</i> 5.		
280	Glucose Paper Strip Test	11	161		Sedation				
250Q	Heartworm Test 3 Part	11		_	BURGERIES				
237	Histopathological		500		Abscess-Surgical Treatment				
DEX	Low Dose Dex Test		504		Anal Sac Removal			_	
L238	Needle Aspirate/Cytology		523		Cryptorchid-Abdominal	Den	arting Ir	neti	ructions:
L1048	Parvovirus Test (Cite)		524	П	Cryptorchid-Inguinal	Dep	arting ii	1511	uctions.
220	PCV/Crit - Total Protein		528		De-Digital Flexor Tenotomy				
233	Skin Scraping		527		Declaw - Front				
233\$	Skin Swab		530Q		Dental Cleaning - Routine				
THY	Thyroid Test T3 & T4		531		Dental Cleaning - Severe				
222	Total Protein		DEN		Dental Exam (Value \$10.00)				
253	Urinalysis-Paper Strip Only		533		Dental Extraction Complicate				
252	Urinalysis-Complete Sedimen		532		Dental Extraction Routine				
- 4	RADIOLOGY		601	\neg	Dewclaws (Neonatal) (Ea.)				
300L	Radiology-Large Film		534	\dashv	Drain - Penrose			25	
300S	Radiology-Small Film		536	\dashv	Ear - Hematoma Routine				

2. Grant of Easement and Access Rights.

Owner grants to Cox and its successors and assigns, a perpetual, non-exclusive easement across the Premises for use in delivery of Services to Tenants at the Premises and/or to facilitate the delivery of Services to other properties. The easement extends throughout the Premises (both land and improvements), including raceways, common areas, equipment rooms, equipment buildings, utility areas and other spaces on, in and over the Premises, as reasonably necessary or useful for the location, relocation, installation, maintenance, repair, upgrading, monitoring, operation and removal of the Distribution System (defined below), subject to the limitations in this Agreement on location of the Distribution System. Owner further grants to Cox free right of access, ingress and egress to and from the Premises for marketing of Services at the Premises (including door-to-door sales and activities and placement of Cox literature in the management office located on the Premises), subject to the limitations contained in this Agreement. The terms of this Agreement shall be deemed to be covenants running with the land constituting the Premises. The provisions of this Section 2 shall survive the expiration or earlier termination of this Agreement.

Distribution System and Inside Wiring.

- A. "Distribution System" shall mean (1) all distribution plant and associated electronics, equipment and wiring installed or provided by Cox or its predecessors which is necessary to distribute Services throughout the Premises, but specifically excluding Inside Wiring defined below, and (2) all customer reception equipment furnished to Tenants by Cox at the Premises. The installation of the Distribution System and Inside Wiring by Cox will meet all applicable FCC specifications and will be installed in a good, workmanlike manner.
- B. Ownership of the Distribution System shall at all times be and remain in Cox and shall be used exclusively by Cox operations unless such Distribution System is transferred by Cox as provided herein.
- C. Upon expiration of this Agreement, or upon its termination for any reason, Owner shall have the option to purchase the Distribution System (excluding customer reception equipment) at a cost equal to the replacement cost of the Distribution System (including materials and labor). Owner must give Cox written notice of its election to exercise its purchase option at least fifteen (15) days prior to the expiration or termination of this Agreement or such option shall be deemed waived. If Owner fails to exercise its option to purchase the Distribution System as provided herein, Cox shall, at Owner's option, either (i) leave the Distribution System in place or (ii) remove any or all of the Distribution System at Owner's expense. If Cox leaves any or all of the Distribution System in place upon expiration or termination, such Distribution System (i) shall not be deemed to be abandoned by Cox, (ii) shall remain the sole property of Cox at all times and (iii) shall not be used by Owner or any third party without Cox's prior written consent.
- D. "Inside Wiring" shall mean that wiring located within a Tenant's dwelling unit and including wiring up to a point at or about 12 inches outside of where the wire enters the Tenant's dwelling unit, but shall not include wiring that is part of a "loop through" system. Ownership of Inside Wiring shall at all times be and remain in Owner. Owner shall be responsible for the repair and maintenance of the Inside Wiring in a good, workmanlike manner in accordance with all applicable codes, regulations and laws.
- 4. <u>Maintenance and Repairs</u>. Cox at its expense will maintain the Distribution System in a good, workmanlike manner in accordance with all applicable codes, regulations and laws. Any damage caused to the Premises by Cox during installation, maintenance, repair, or removal of the Distribution System will be repaired to Owner's reasonable satisfaction.
- 5. <u>Promotional Materials</u>. Owner shall submit for Cox's review and approval prior to use all proposed advertising and promotional materials for the Premises or its dwelling units which refer to Cox's Services.
- 6. <u>Cable Television Programming</u>. Owner acknowledges that Cox's performance of this Agreement may be subject to the rules and regulations of federal, state or local regulatory powers and that Cox is not guaranteeing the provision or availability of any particular program or channel. The cable television service initially available to the Premises will consist of Cox's current channel lineup which may be modified from time to time solely at Cox's discretion. Cox's

<u> </u>		1		т —		_		
353	Hospital Per Day 10 to 60 lbs	4	301L		Radiology-Additional Large Film		542	Exploratory - Abdominal
355	Hospital Per Day 100 lbs or >	1	309		OFA - Mailing Fee		372	Eye - 3rd Eyelid Tack Down
354	Hospital Per Day 60 to 100 lbs	1	306S		Radiology-Postoperative - Small	IJ	544	Eye - Entropion/Ectropion Repa
356	Hospital Per Day - Day Patient		306L		Radiology-Postoperative - Large		545	Eye - Enucleation
357	Hospital Per Day - Intensive C.			CAS	T & BANDAGING		546	Eye - Protective Flap
358	Hospital Per Day - Special C.		124		Bandaging		550	Fracture Repair - I.M. Penning
363	Isolation Services			II	NJECTABLES		559	Hernia - Umbilical
716	Rabies Quarantine		DW-347		Amoxicillin		565	Laceration - Major
	LABORATORY		DW-BAY		Baytrill		566	Laceration - Minor
ACTH	ACTH Stim Test		DW-N09		Benadryl		582	Spay Add On Fee - Heat/Preg
200	AZO-STIX Paper Strip Test		DW-216		Cefazolin Sod,		583	Spay Add On Fee - Pyometra
PRE1	Bloodwork Under 3 Years		DW-1027		Diazepam		NUTQ	Spay and Neuter
PRE2	Bloodwork 3-6 years		DW-635		Gentocin		MSCL	Surgery Other
PRE3	Bloodwork 6 Years & Over		DW-651		Lasix		001	Suture Removal
241	Brucella Test		DW-715	Γ	Lidocaine		600	Tails (Neonatal)
219Q	СВС		DW-M726		Methyl Pred	11	592	Tails and Declaws (Neonatal)
213	CBC Panel Felv/Fiv		DW-675		Solu-Delta Cortef 100mg	11	594	Tumor Removal - External
213	Chem-Profile - To Lab		DW-676	Г	Solu-Delta Cortef 500mg	11	595	Tumor Removal - Internal
214	Chem-Profile - In House	1	DW-729	Г	Torbugesic			
225	Culture and Sensitivity		1	_	ANESTHESIA	INC	otes:	
236	Cytology	1	505A	Т	Anesthesia-Every 15 Minutes	-		
227D	DTM	1	505N	Г	Anesthesia-Inhalant Ind 30mi			
254Q	Fecal Test	1	505	Г	Anesthesia-Inhalent Inductio			
404Q	Feline Leukemia Test	11	506		Anesthesia-Intramuscular	-		
259Q	Felv/Fiv Tet		507		Anesthesia-Intravenous			
246	Fip Test	11	5051		Anesthesia-Isoflurane Induce		eds:	
227	Fungal Culture	1	508		Anesthesia-Local	1	Jus.	
280	Glucose Paper Strip Test		161		Sedation			
250Q	Heartworm Test 3 Part			- ;	SURGERIES			
237	Histopathological		500		Abscess-Surgical Treatment	 —		
DEX	Low Dose Dex Test	1	504		Anal Sac Removal	-		
L238	Needle Aspirate/Cytology		523		Cryptorchid-Abdominal		narting Ir	nstructions:
L1048	Parvovirus Test (Cite)	1	524		Cryptorchid-Inguinal	٦	parting II	ion donorio.
220	PCV/Crit - Total Protein		528		De-Digital Flexor Tenotomy			
233	Skin Scraping		527		Declaw - Front			
233S	Skin Swab		530Q		Dental Cleaning - Routine	_		
THY	Thyroid Test T3 & T4	1	531		Dental Cleaning - Severe	-		
222	Total Protein	11	DEN		Dental Exam (Value \$10.00)	-		
253	Urinalysis-Paper Strip Only	11	533		Dental Extraction Complicate			
252	Urinalysis-Complete Sedimen	11	532		Dental Extraction Routine			
	RADIOLOGY	11	601		Dewclaws (Neonatal) (Ea.)			
300L	Radiology-Large Film	1	534		Drain - Penrose			
300S	Radiology-Small Film	1	536		Ear - Hematoma Routine	i i		
		11	4					

channel lineup may not be changed or altered by Owner or others without Cox's prior written permission. It is specifically understood that in providing cable television service, Cox makes use of certain programming owned by others. Owner agrees that it will make no claims nor undertake any legal action against any person or entity, including Cox, if certain programming is interrupted, discontinued or substituted; provided that Cox will provide to Owner its standard cable television channel lineup at all times.

- 7. <u>Interference</u>. Owner will not use, or permit others to use, any equipment that causes interference or is otherwise incompatible with the Distribution System, the reception equipment, or Cox's right to provide Service under this Agreement. Owner shall not move, disturb, alter, change, or connect any other device to the Distribution System nor authorize or permit anyone to do so.
- 8. <u>Insurance</u>. Cox shall maintain public liability and property damage insurance to protect Owner against loss or damage resulting from the installation, operation or maintenance of the Distribution System on the Premises. Owner shall maintain "all risk" insurance which will fully protect Cox against damage or destruction to the Distribution System.
- 9. No Agency. Cox and Owner are independent business entities and neither has any authority to act for, or on behalf of, or bind the other to, any contract, without the other's written approval.
- 10. Force Majeure. Cox shall have no liability to any person for failure to meet any of its obligations under this Agreement, where such failure is the result, in whole or part, of any labor dispute, failure of usual sources of supply, war, riot, insurrection, vandalism, commotion, fire, flood, earthquake, accident, storm, loss of the right to use rights of way or to make pole attachments, act of God or government, or any other cause beyond Cox's reasonable control.
- 11. Owner's Warranties. Owner warrants that (i) it holds all rights and has full authority to execute this Agreement and to grant the rights herein granted; (ii) this Agreement constitutes and shall constitute a binding obligation of Owner; and (iii) there are no prior or existing agreements, nor will there be any such agreements during the Term, with Tenants or third parties that would be breached or violated by the execution of this Agreement or by Cox's providing Services to the Premises.

12. Indemnification.

- A. Owner agrees to indemnify, defend and hold Cox harmless from and against all claims, suits, proceedings, liabilities, losses, costs, damages and expenses (including reasonable attorneys' fees) arising, in whole or in part, out of or in connection with (i) the renting, leasing or purchasing of Owner's residential dwelling space or units, (ii) injuries or damage to Cox's employees, agents or the Distribution System resulting from the condition of the Premises or the acts or omissions of Owner, its employees or agents, or (iii) Owner's breach of this Agreement.
- B. Cox agrees to indemnify, defend and hold Owner harmless from and against all claims, suits, proceedings, liabilities, losses, costs, damages and expenses, including reasonable attorneys' fees, arising out of or in connection with (i) Cox's provision of Services or (ii) Cox's breach of this Agreement.

The provisions contained within this Section 12 shall survive the expiration or termination of this Agreement.

- 13. Cooperation Memorandum of Agreement. Owner and Cox agree to cooperate fully and promptly in carrying out this Agreement. Owner agrees to execute any and all documents as may reasonably be requested by Cox to evidence and effectuate the rights granted to Cox under this Agreement including, but not limited to, the execution of the Memorandum of Agreement attached hereto as Exhibit "B" for the purpose of recordation.
- 14. <u>Acceptance</u>. Owner agrees that the mutual benefits, promises and covenants contained in this Agreement constitute full and adequate consideration to Owner for the rights granted to Cox hereunder and hereby waives any rights which it may have to any additional consideration or compensation from Cox.

	1							
353	Hospital Per Day 10 to 60 lbs	301L		Radiology-Additional Large Film		542		Exploratory - Abdominal
355	Hospital Per Day 100 lbs or >	309		OFA - Mailing Fee		372		Eye - 3rd Eyelid Tack Down
354	Hospital Per Day 60 to 100 lbs	306S		Radiology-Postoperative - Small		544		Eye - Entropion/Ectropion Repa
356	Hospital Per Day - Day Patient	306L		Radiology-Postoperative - Large		545		Eye - Enucleation
357	Hospital Per Day - Intensive C.		CAS	T & BANDAGING		546		Eye - Protective Flap
358	Hospital Per Day - Special C.	124		Bandaging		550		Fracture Repair - I.M. Penning
363	Isolation Services		Ī	NJECTABLES		559		Hernia - Umbilical
716	Rabies Quarantine	DW-347		Amoxicillin		565		Laceration - Major
	LABORATORY	DW-BAY		Baytrill		566		Laceration - Minor
ACTH	ACTH Stim Test	DW-N09		Benadryl		582		Spay Add On Fee - Heat/Preg
200	AZO-STIX Paper Strip Test	DW-216		Cefazolin Sod.		583		Spay Add On Fee - Pyometra
PRE1	Bloodwork Under 3 Years	DW-1027		Diazepam		NUTQ		Spay and Neuter
PRE2	Bloodwork 3-6 years	DW-635	Γ	Gentocin		MSCL	Г	Surgery Other
PRE3	Bloodwork 6 Years & Over	DW-651		Lasix		001		Suture Removal
241	Brucella Test	DW-715		Lidocaine		600		Tails (Neonatal)
219Q	CBC	DW-M726	Π	Methyl Pred		592		Tails and Declaws (Neonatal)
213	CBC Panel Felv/Fiv	DW-675		Solu-Delta Cortef 100mg		594		Tumor Removal - External
213	Chem-Profile - To Lab	DW-676	Г	Solu-Delta Cortef 500mg		595	Г	Tumor Removal - Internal
214	Chem-Profile - In House	DW-729		Torbugesic	Not			
225	Culture and Sensitivity			ANESTHESIA	Not	es.		
236	Cytology	505A		Anesthesia-Every 15 Minutes	·			
227D	DTM	505N	Π	Anesthesia-Inhalant Ind 30mi				
254Q	Fecal Test	505	Π	Anesthesia-Inhalent Inductio				
404Q	Feline Leukemia Test	506	Ī	Anesthesia-Intramuscular) 			
259Q	Felv/Fiv Tet	507		Anesthesia-Intravenous	=			
246	Fip Test	5051	Γ	Anesthesia-Isoflurane Induce	Med	ls:		
227	Fungal Culture	508		Anesthesia-Local	11100			
280	Glucose Paper Strip Test	161	Π	Sedation				
250Q	Heartworm Test 3 Part			SURGERIES				
237	Histopathological	500		Abscess-Surgical Treatment				
DEX	Low Dose Dex Test	504	Г	Anal Sac Removal	-			
L238	Needle Aspirate/Cytology	523		Cryptorchid-Abdominal	Dep	arting I	nst	ructions:
L1048	Parvovirus Test (Cite)	524		Cryptorchid-Inguinal	-			
220	PCV/Crit - Total Protein	528		De-Digital Flexor Tenotomy				
233	Skin Scraping	527		Declaw - Front				
2338	Skin Swab	530Q		Dental Cleaning - Routine	-			
THY	Thyroid Test T3 & T4	531		Dental Cleaning - Severe				
222	Total Protein	DEN		Dental Exam (Value \$10.00)	=			
253	Urinalysis-Paper Strip Only	533		Dental Extraction Complicate				
252	Urinalysis-Complete Sedimen	532		Dental Extraction Routine				
	RADIOLOGY	601		Dewclaws (Neonatal) (Ea.)				
300L	Radiology-Large Film	534		Drain - Penrose				
300S	Radiology-Small Film	536		Ear - Hematoma Routine				
			_					

301S

Radiology-Additional Small Film

537

Ear - Hematoma (Extensive)

- 15. <u>Additional Facilities</u>. If Owner adds dwelling units to or adjacent to the Premises, this Agreement shall, at Cox's option, extend to all such dwelling units added.
- 16. Notices. Any consent, election or notice required or permitted to be given under this Agreement shall be in writing and sent by certified or registered mail or via overnight express courier addressed to the address included at the end of this Agreement, or to such other address or addresses as shall, from time to time, be furnished in writing by the party to receive such notice to the other party.
- 17. <u>Default</u>. Subject to Section 10, if either party fails to perform or observe any of the material conditions or agreements to be performed or observed by it hereunder (the "Defaulting Party") and such failure is not cured within thirty (30) days after receipt of written notice from the other party (the "Non-defaulting Party"), the Non-defaulting Party, in addition to any other rights at law or equity it may have, shall have the right to immediately terminate this Agreement.
- 18. Confidentiality. Owner shall not disclose any of the terms of this Agreement to any third party without the prior written consent of Cox.
- 19. Miscellaneous. This Agreement shall bind and benefit the parties and their respective successors and assigns, regardless of whether such successors and assigns expressly agree to be bound by the Agreement. Cox may assign this Agreement and all of its rights hereunder without Owner's consent to any entity which controls, is controlled by or is under common control with Cox or to any entity pursuant to a merger, sale or exchange of stock, or sale or exchange of assets. This Agreement is the entire understanding between the parties and supersedes any prior agreements or understandings whether oral or written. This Agreement may not be amended except by a written instrument executed by both parties. Failure of Cox to exercise any of its remedies as set forth in this Agreement or at law or in equity in the event of any default by Owner shall not constitute a waiver of the right of Cox to exercise the same in the event of a subsequent default by Owner. The prevailing party in any action brought under this Agreement shall be entitled to recover from the other party reasonable attorney's fees, costs and necessary disbursements. This Agreement shall be governed by the laws of the state in which the Premises are located except where the laws of the United States have precedence. This Agreement and the obligations of the parties shall be subject to all applicable laws, regulations, court rulings, administrative orders, and presidential decrees, as they may be amended from time to time.

OHAIDD

	M, INC. d/b/a Cox unications Gainesville/Ocala	OWNER	
By:		Ву:	
	Gary E. Cassard		
Its:	Vice Pres. & General Manager	Print Name:	
Address:	2300 NW 71st Place	Its:	
	Gainesville, FL 32606	Address:	
Telefax:	352-381-9037		
Date		Telefax:	
		Date:	

3 3 3	353 355 354	Hospital Per Day 10 to 60 lbs Hospital Per Day 100 lbs or >		301L		Radiology-Additional Large Film		542		Exploratory - Abdominal
3 3		Hospital Per Day 100 lbs or >	1 1		1		1.1			
3	354			309		OFA - Mailing Fee		372		Eye - 3rd Eyelid Tack Down
3		Hospital Per Day 60 to 100 lbs		306S		Radiology-Postoperative - Small		544		Eye - Entropion/Ectropion Repa
	356	Hospital Per Day - Day Patient		306L		Radiology-Postoperative - Large		545		Eye - Enucleation
3	357	Hospital Per Day - Intensive C.			CAS	T & BANDAGING		546		Eye - Protective Flap
	358	Hospital Per Day - Special C.		124		Bandaging		550		Fracture Repair - I.M. Penning
3	363	Isolation Services			11	NJECTABLES		559		Hernia - Umbilical
7	716	Rabies Quarantine		DW-347		Amoxicilfin		565		Laceration - Major
		LABORATORY		DW-BAY		Baytrill		566		Laceration - Minor
Δ	ACTH	ACTH Stim Test		DW-N09		Benadryl		582		Spay Add On Fee - Heat/Preg
2	200	AZO-STIX Paper Strip Test		DW-216		Cefazolin Sod.		583		Spay Add On Fee - Pyometra
Р	PRE1	Bloodwork Under 3 Years		DW-1027		Diazepam		NUTQ		Spay and Neuter
P	PRE2	Bloodwork 3-6 years		DW-635		Gentocin		MSCL		Surgery Other
Р	PRE3	Bloodwork 6 Years & Over		DW-651		Lasix		001		Suture Removal
2	241	Brucella Test		DW-715		Lidocaine		600		Tails (Neonatal)
2	219Q	CBC		DW-M726		Methyl Pred		592		Tails and Declaws (Neonatal)
2	213	CBC Panel Felv/Fiv		DW-675		Solu-Delta Cortef 100mg		594	П	Tumor Removal - External
2	213	Chem-Profile - To Lab		DW-676		Solu-Delta Cortef 500mg		595		Tumor Removal - Internal
2	214	Chem-Profile - In House		DW-729		Torbugesic	Not			
2	225	Culture and Sensitivity			A	NESTHESIA	Note	es.		
2	236	Cytology		505A		Anesthesia-Every 15 Minutes	9			
2	227D	DTM	П	505N		Anesthesia-Inhalant Ind 30mi				
2	254Q	Fecal Test		505		Anesthesia-Inhalent Inductio				
4	104Q	Feline Leukemia Test		506		Anesthesia-Intramuscular	-			
2	259Q	Felv/Fiv Tet		507		Anesthesia-Intravenous	-			
2	246	Fip Test		505I		Anesthesia-Isoflurane Induce	Med	ls:		
2:	227	Fungal Culture		508		Anesthesia-Local	10100			
20	180	Glucose Paper Strip Test		161		Sedation				
25	250Q	Heartworm Test 3 Part			5	SURGERIES				
23	37	Histopathological		500		Abscess-Surgical Treatment				
D	DEX	Low Dose Dex Test		504		Anal Sac Removal				
Lí	.238	Needle Aspirate/Cytology		523		Cryptorchid-Abdominal	Dep	arting I	nst	ructions:
L	.1048	Parvovirus Test (Cite)		524		Cryptorchid-Inguinal				
22	20	PCV/Crit - Total Protein		528		De-Digital Flexor Tenotomy				
20	33	Skin Scraping		527		Declaw - Front				
20	33S	Skin Swab		530Q		Dental Cleaning - Routine				
Т	'HY	Thyroid Test T3 & T4		531		Dental Cleaning - Severe				
22	22	Total Protein		DEN		Dental Exam (Value \$10.00)				
25	53	Urinalysis-Paper Strip Only		533		Dental Extraction Complicate				
25	52	Urinalysis-Complete Sedimen		532		Dental Extraction Routine				
		RADIOLOGY		601		Dewclaws (Neonatal) (Ea.)				
30	00L	Radiology-Large Film		534		Drain - Penrose				
30	00S	Radiology-Small Film		536	\neg	Ear - Hematoma Routine				
	01S	Radiology-Additional Small Film		537		Ear - Hematoma (Extensive)				AAHSB2

Exhibit "A"

[Legal Description]

COLLEGE PARK PB A-9 LOT 16 BK 6 OR 1734/201

PORTER SURVEY PB A-67 LOT 55 OR 1734/201

PORTER SURVEY PB A-67 LOTS 56 57 58 59 OR 1163/0944 & N 1/2 OF NW 1ST PL BETWEEN NW 16TH ST & NW 15TH TERR OR 1734/0201 & THE N 1/2 OF NW 1ST PL BETWEEN NW 15TH TERR & NW 15 ST & THE S 1/2 OF NW 2ND AVE BETWEEN NW 15TH TERR

COLLEGE PARK PB A-9 LOT 8 9 BK 6 OR 1734/201

353	Hospital Per Day 10 to 60 lbs		301L		Radiology-Additional Large Film		542		Exploratory - Abdominal
355	Hospital Per Day 100 lbs or >		309		OFA - Mailing Fee		372		Eye - 3rd Eyelid Tack Down
354	Hospital Per Day 60 to 100 lbs		306S		Radiology-Postoperative - Small		544		Eye - Entropion/Ectropion Repa
356	Hospital Per Day - Day Patient		306L		Radiology-Postoperative - Large		545		Eye - Enucleation
357	Hospital Per Day - Intensive C.			CAS	T & BANDAGING		546		Eye - Protective Flap
358	Hospital Per Day - Special C		124		Bandaging		550		Fracture Repair - I.M. Penning
363	Isolation Services			II	NJECTABLES		559		Hernia - Umbilical
716	Rabies Quarantine		DW-347		Amoxicillin		565		Laceration - Major
741	LABORATORY		DW-BAY		Baytrill		566		Laceration - Minor
ACTH	ACTH Stim Test		DW-N09		Benadryl		582		Spay Add On Fee - Heat/Preg
200	AZO-STIX Paper Strip Test		DW-216		Cefazolin Sod.		583		Spay Add On Fee - Pyometra
PRE1	Bloodwork Under 3 Years		DW-1027		Diazepam		NUTQ		Spay and Neuter
PRE2	Bloodwork 3-6 years		DW-635	Г	Gentocin		MSCL		Surgery Other
PRE3	Bloodwork 6 Years & Over		DW-651		Lasix		001	Г	Suture Removal
241	Brucella Test		DW-715		Lidocaine		600	Г	Tails (Neonatal)
219Q	CBC		DW-M726		Methyl Pred		592		Tails and Declaws (Neonatal)
213	CBC Panel Felv/Fiv		DW-675		Solu-Delta Cortef 100mg		594	Г	Tumor Removal - External
213	Chem-Profile - To Lab		DW-676		Solu-Delta Cortef 500mg		595		Tumor Removal - Internal
214	Chem-Profile - In House		DW-729		Torbugesic	Not		_	
225	Culture and Sensitivity			P	NESTHESIA	Note	38.		
236	Cytology		505A		Anesthesia-Every 15 Minutes				
227D	DTM		505N		Anesthesia-Inhalant Ind 30mi				
254Q	Fecal Test		505		Anesthesia-Inhalent Inductio	_			
404Q	Feline Leukemia Test		506		Anesthesia-Intramuscular			_	
259Q	Felv/Fiv Tet		507		Anesthesia-Intravenous	-		_	
246	Fip Test		5051		Anesthesia-Isoflurane Induce	Med	ls:		
227	Fungal Culture		508		Anesthesia-Local				
280	Glucose Paper Strip Test		161		Sedation				
250Q	Heartworm Test 3 Part			5	BURGERIES				
237	Histopathological		500		Abscess-Surgical Treatment				
DEX	Low Dose Dex Test		504		Anal Sac Removal	k			
L238	Needle Aspirate/Cytology		523		Cryptorchid-Abdominal	Dep	arting I	nst	ructions:
L1048	Parvovirus Test (Cite)		524		Cryptorchid-Inguinal				
220	PCV/Crit - Total Protein		528		De-Digital Flexor Tenotomy			_	
233	Skin Scraping		527		Declaw - Front				
233S	Skin Swab		530Q		Dental Cleaning - Routine) .			
THY	Thyroid Test T3 & T4		531		Dental Cleaning - Severe	-			
222	Total Protein		DEN		Dental Exam (Value \$10.00)				
253	Urinalysis-Paper Strip Only		533		Dental Extraction Complicate	i.			
252	Urinalysis-Complete Sedimen		532		Dental Extraction Routine				
	RADIOLOGY		601		Dewclaws (Neonatal) (Ea.)				
300L	Radiology-Large Film		534		Drain - Penrose				
3008	Radiology-Small Film		536		Ear - Hematoma Routine				
		_		\rightarrow					

WHEN RECORDED RETURN TO:	
Randy Chittum	
Cox Communications Gainesville/Ocala	
2300 NW 71st Place	
Gainesville, FL 32606	

MEMORANDUM OF AGREEMENT

(FLORIDA)

PLEASE TAKE NOTICE that Clayton Kallman ("Owner") and CoxCom, Inc., d/b/a Cox Communications Gainesville / Ocala, a Delaware corporation ("Cox Communications") have entered into a Telecommunications Services Agreement (the "Agreement") dated July 24, 2000, which, in accordance with its terms, entitles Cox Communications to provide cable television and other telecommunications services throughout the property described on Exhibit A attached hereto and incorporated herein by this reference. Among other things, the Agreement provides Cox Communications with rights of ingress and egress to the property necessary or useful to provide such service and maintain its equipment and other facilities and provides for ownership of the facilities on the property used in providing such services. The Agreement binds any successors and assigns of the Owner in accordance with its terms. A copy of relevant provisions of the Agreement will be provided to any properly interested person upon written request.

Cox Communications requests that it receive notice of any pending trustee or foreclosure sale or receivership, bankruptcy or other proceeding affecting the property, sent to the address above.

IN WITNESS WHEREOF, the parties have caused these presents to be executed the day and year above written.

Signed, sealed and delivered in the presence of:	CoxCom Inc., dba Cox Communications Gainesville/Ocala, a Delaware corporation
	By:
Witness	Gary E. Cassard
Print Name:	
	Its: Vice President and General Manager
*	Address: 6020 NW 43rd St., Gainesville, FL 32653
Witness	2410 SW 27 th Ave., Ocala, FL 34478
Print Name:	
	Date:

	301S	R	adiology-Additional Small Film		537		Ear - Hematoma (Extensive)				AAHSB2
	300S	R	adiology-Small Film		536		Ear - Hematoma Routine				
	300L	R	ladiology-Large Film		534		Drain - Penrose				
	,	RA	DIOLOGY		601		Dewclaws (Neonatal) (Ea.)				
	252	U	Irinalysis-Complete Sedimen		532		Dental Extraction Routine				
	253	U	Jrinalysis-Paper Strip Only		533		Dental Extraction Complicate	V			
	222	T	otal Protein		DEN		Dental Exam (Value \$10.00)				
	THY	T	hyroid Test T3 & T4		531		Dental Cleaning - Severe			_	
	233S	s	Skin Swab		530Q		Dental Cleaning - Routine	-			
	233	S	Skin Scraping		527		Declaw - Front	-			i i
	220	Р	CV/Crit - Total Protein		528		De-Digital Flexor Tenotomy				
	L1048	Р	arvovirus Test (Cite)		524		Cryptorchid-Inguinal				
	L238		leedle Aspirate/Cytology		523		Cryptorchid-Abdominal	Den	arting I	nst	ructions:
	DEX		ow Dose Dex Test		504		Anal Sac Removal	2.			
	237	F	Histopathological		500		Abscess-Surgical Treatment				
	250Q		leartworm Test 3 Part			-	SURGERIES				
	280		Glucose Paper Strip Test		161		Sedation				
	227	F	Fungal Culture		508		Anesthesia-Local	INIEC	١٥.		
	246	F	Fip Test		5051		Anesthesia-Isoflurane Induce		le•		
	259Q	F	Felv/Fiv Tet		507		Anesthesia-Intravenous	E-			
	404Q	F	Feline Leukemia Test		506	\vdash	Anesthesia-Intramuscular				
	254Q	F	Fecal Test		505		Anesthesia-Inhalent Inductio	-			
	227D	+-+	DTM		505N	\vdash	Anesthesia-Inhalant Ind 30mi				
	236	+	Cytology		505A	T	Anesthesia-Every 15 Minutes	192			
	225		Culture and Sensitivity			_	ANESTHESIA	Note	es:		
	214	+	Chem-Profile - In House		DW-729	\vdash	Torbugesic			_	The state of the s
	213	+ +	Chem-Profile - To Lab		DW-676		Solu-Delta Cortef 500mg		595		Tumor Removal - Internal
	213	+	CBC Panel Felv/Fiv		DW-675		Solu-Delta Cortef 100mg		594		Tumor Removal - External
	219Q		CBC		DW-M726		Methyl Pred		592		Tails and Declaws (Neonatal)
	241	++	Brucella Test		DW-715		Lidocaine		600	H	Tails (Neonatal)
	PRE3	+	Bloodwork 6 Years & Over	-	DW-651	\vdash	Lasix		001	H	Suture Removal
	PRE2	+	Bloodwork 3-6 years		DW-1027	\vdash	Gentocin		MSCL	H	Surgery Other
	PRE1	+	Bloodwork Under 3 Years	-	DW-216	-	Diazepam		583 NUTQ	\vdash	Spay Add On Fee - Pyometra Spay and Neuter
_	200	++	ACTH Stim Test AZO-STIX Paper Strip Test		DW-N09	+	Benadryl Cefazolin Sod.	-	582		Spay Add On Fee - Heat/Preg
_	ACTH	TT	ACTU Stim Toot		DW-BAY	-	Baytrill	-	566		Laceration - Minor
	716		Rabies Quarantine		DW-347	\vdash	Amoxicillin		565	-	Laceration - Major
_	363	+ +	Isolation Services	-		T	NJECTABLES		559	-	Hernia - Umbilical
	358	+	Hospital Per Day - Special C.	ļ	124	_	Bandaging	-	550		Fracture Repair - I.M. Penning
	357	+	Hospital Per Day - Intensive C.			CAS	T & BANDAGING	-	546	-	Eye - Protective Flap
_	356	+	Hospital Per Day - Day Patient	_	306L	_	Radiology-Postoperative - Large		545	-	Eye - Enucleation
_	354	+ +	Hospital Per Day 60 to 100 lbs		306S	-	Radiology-Postoperative - Small	-	544	_	Eye - Entropion/Ectropion Repa
_	355	++	Hospital Per Day 100 lbs or >	 	309	_	OFA - Mailing Fee		372	-	Eye - 3rd Eyelid Tack Down
				11		+-				┰	Exploratory - Abdominal

ACKNOWLEDGEMENT

STATE OF FLORIDA

COUNTY OF ALACHUA

this day of, 20 Manager of CoxCom, Inc., d/b/a Corporation, on behalf of the corporation	randum of Agreement was acknowledged before me, by Gary E. Cassard, Vice President and General Cox Communications Gainesville/Ocala, a Delaware ation. He/she is personally known to me, or produced identification.
Witness my hand and official day of, 20	al seal in the County and State aforesaid, this
	[SEAL]
<u> </u>	lotary Public
N	ly Commission Expires:
Signed, sealed and delivered in the presence of:	CoxCom, Inc., dba Cox Communications Gainesville/Ocala, a Delaware Corporation
Witness Print Name:	By: Gary E. Cassard Its: Vice President and General Manager Address: 6020 N 43 rd Street Gainesville, FL 32653
Witness Print Name:	

252	Hospital Par Day 40 to 00 lb	7	T _{ac}	Т	T ₂	1		Т	
353	Hospital Per Day 10 to 60 lbs		301L	╀	Radiology-Additional Large Film		542	1	Exploratory - Abdominal
355	Hospital Per Day 100 lbs or >		309	╄	OFA - Mailing Fee	 	372	_	Eye - 3rd Eyelid Tack Down
354	Hospital Per Day 60 to 100 lbs		306S	┡	Radiology-Postoperative - Small	<u> </u>	544	1	Eye - Entropion/Ectropion Repa
356	Hospital Per Day - Day Patient	-	306L	_	Radiology-Postoperative - Large	.	545	1	Eye - Enucleation
357	Hospital Per Day - Intensive C.	1	T	CAS	T & BANDAGING		546		Eye - Protective Flap
358	Hospital Per Day - Special C.	4	124	L	Bandaging		550		Fracture Repair - I.M. Penning
363	Isolation Services	1		, II	NJECTABLES		559	L	Hernia - Umbilical
716	Rabies Quarantine	4	DW-347	L	Amoxicillin		565		Laceration - Major
	LABORATORY	4	DW-BAY		Baytrill		566		Laceration - Minor
ACTH	ACTH Stim Test		DW-N09	L	Benadryl		582		Spay Add On Fee - Heat/Preg
200	AZO-STIX Paper Strip Test		DW-216		Cefazolin Sod.		583		Spay Add On Fee - Pyometra
PRE1	Bloodwork Under 3 Years		DW-1027		Diazepam		NUTQ		Spay and Neuter
PRE2	Bloodwork 3-6 years		DW-635		Gentocin		MSCL		Surgery Other
PRE3	Bloodwork 6 Years & Over		DW-651		Lasix		001		Suture Removal
241	Brucella Test		DW-715	Г	Lidocaine		600		Tails (Neonatal)
219Q	CBC		DW-M726	Ī	Methyl Pred		592		Tails and Declaws (Neonatal)
213	CBC Panel Felv/Fiv		DW-675		Solu-Delta Cortef 100mg		594		Tumor Removal - External
213	Chem-Profile - To Lab		DW-676	T	Solu-Delta Cortef 500mg		595		Tumor Removal - Internal
214	Chem-Profile - In House	11-	DW-729	T	Torbugesic				
225	Culture and Sensitivity			<u> </u>	NESTHESIA	Note	es:		
236	Cytology		505A	Γ	Anesthesia-Every 15 Minutes				
227D	DTM		505N	Г	Anesthesia-Inhalant Ind 30mi	=			
254Q	Fecal Test		505	Г	Anesthesia-Inhalent Inductio				
404Q	Feline Leukemia Test		506		Anesthesia-Intramuscular				
259Q	Felv/Fiv Tet		507	Г	Anesthesia-Intravenous				
246	Fip Test		5051		Anesthesia-Isoflurane Induce	Moo	loi		
227	Fungal Culture		508	Н	Anesthesia-Local	Med	is.		
280	Glucose Paper Strip Test		161		Sedation	-			
250Q	Heartworm Test 3 Part				SURGERIES				
237	Histopathological		500		Abscess-Surgical Treatment				
DEX	Low Dose Dex Test		504		Anal Sac Removal	-		_	
L238	Needle Aspirate/Cytology		523		Cryptorchid-Abdominal	Don	ortina !	n a t	ruotiono:
L1048	Parvovirus Test (Cite)];	524		Cryptorchid-Inguinal	Deb	ariiriy II	ΠSί	ructions:
220	PCV/Crit - Total Protein		528		De-Digital Flexor Tenotomy	*			
233	Skin Scraping		527	Н	Declaw - Front				
233S	Skin Swab		530Q		Dental Cleaning - Routine				
THY	Thyroid Test T3 & T4	-	531		Dental Cleaning - Severe				
222	Total Protein	-	DEN	\dashv	Dental Exam (Value \$10.00)				
253	Urinalysis-Paper Strip Only		533		Dental Extraction Complicate	÷——			
252	Urinalysis-Complete Sedimen		532	\dashv	Dental Extraction Routine				
202	RADIOLOGY		601	-	Dewclaws (Neonatal) (Ea.)				
300L	Radiology-Large Film	-	\vdash	\dashv					
300S	Radiology-Large Film Radiology-Small Film		534	\dashv	Drain - Penrose				
		-	536	\dashv	Ear - Hematoma Routine				
301S	Radiology-Additional Small Film		537		Ear - Hematoma (Extensive)				AAHSB2

ACKNOWLEDGEMENT

STATE OF FLORIDA

COUNTY OF ALACHUA

The foregoing Memorandu			
day of, 2	.20, by _		of
day of, 2	<u>,</u> a	Corporation, or	n behalf of the
He/sh	ne is personall s identification.	y known to me,	or produced
Witness my hand and offici day of, 20	ial seal in the Co	ounty and State afor	esaid, this
			[SEAL]
Ī	Notary Public		•
	•	xpires:	
		•	_
Signed, sealed and delivered			
in the presence of:	a	Corpor	ation
	By:		
Witness			
Print Name:	Its:		
	Address:		
	77.		<u> </u>
	(9)		
Witness			
Print Name*			

353	ı									
	-	Hospital Per Day 10 to 60 lbs	╢	301L		Radiology-Additional Large Film	<u> </u>	542	Ш	Exploratory - Abdominal
355		Hospital Per Day 100 lbs or >	<u> </u>	309		OFA - Mailing Fee		372		Eye - 3rd Eyelid Tack Down
354	_	Hospital Per Day 60 to 100 lbs	<u> </u>	306S		Radiology-Postoperative - Small		544		Eye - Entropion/Ectropion Repa
356		Hospital Per Day - Day Patient		306L		Radiology-Postoperative - Large		545		Eye - Enucleation
357		Hospital Per Day - Intensive C.	<u> </u>	(CAS	T & BANDAGING		546		Eye - Protective Flap
358		Hospital Per Day - Special C.		124		Bandaging		550		Fracture Repair - I.M. Penning
363		Isolation Services			11	NJECTABLES		559		Hernia - Umbilical
716		Rabies Quarantine		DW-347		Amoxicillin		565		Laceration - Major
LABORATORY				DW-BAY		Baytrill		566		Laceration - Minor
ACTH		ACTH Stim Test		DW-N09		Benadryl		582		Spay Add On Fee - Heat/Preg
200		AZO-STIX Paper Strip Test		DW-216		Cefazolin Sod.		583		Spay Add On Fee - Pyometra
PRE1		Bloodwork Under 3 Years		DW-1027		Diazepam		NUTQ		Spay and Neuter
PRE2		Bloodwork 3-6 years		DW-635		Gentocin		MSCL	П	Surgery Other
PRE3		Bloodwork 6 Years & Over		DW-651		Lasix		001		Suture Removal
241		Brucella Test		DW-715		Lidocaine		600		Tails (Neonatal)
219Q		СВС		DW-M726		Methyl Pred		592	П	Tails and Declaws (Neonatal)
213		CBC Panel Felv/Fiv		DW-675		Solu-Delta Cortef 100mg		594	H	Tumor Removal - External
213		Chem-Profile - To Lab		DW-676		Solu-Delta Cortef 500mg		595	П	Tumor Removal - Internal
214		Chem-Profile - In House		DW-729		Torbugesic				,
225		Culture and Sensitivity			_	NESTHESIA	Not	es:		
236		Cytology		505A		Anesthesia-Every 15 Minutes	-			
227D		DTM		505N		Anesthesia-Inhalant Ind 30mi				
254Q		Fecal Test		505		Anesthesia-Inhalent Inductio				
404Q	П	Feline Leukemia Test		506		Anesthesia-Intramuscular				
259Q		Felv/Fiv Tet		507		Anesthesia-Intravenous	-			
246		Fip Test		5051		Anesthesia-Isoflurane Induce	Mod	10.		
227		Fungal Culture		508		Anesthesia-Local	ivied	JS.		
280		Glucose Paper Strip Test		161		Sedation	-			
250Q		Heartworm Test 3 Part			_	SURGERIES				
237		Histopathological		500		Abscess-Surgical Treatment		- 0		
DEX		Low Dose Dex Test		504		Anal Sac Removal			_	
L238		Needle Aspirate/Cytology		523	_	Cryptorchid-Abdominal	Don	orting l	not:	uotiono:
L1048		Parvovirus Test (Cite)		524			Departing instructions.			
220		PCV/Crit - Total Protein	-		Н					
233		Skin Scraping		527		Declaw - Front				
233S		Skin Swab		530Q						
THY				531			-			
222		Total Protein		DEN						
253		Urinalysis-Paper Strip Only		533		Dental Extraction Complicate	-			
252		Urinalysis-Complete Sedimen		532		Dental Extraction Routine	-			
	 P	ADIOLOGY		601		Dewclaws (Neonatal) (Ea.)				
				501	_	DOTTOILETO (1460Hatal) (La.)				
300L		Radiology-Large Film		534	l I	Drain - Penrose				
300L 300S		Radiology-Large Film Radiology-Small Film		534 536		Drain - Penrose Ear - Hematoma Routine				
	356 357 358 363 716 ACTH 200 PRE1 PRE2 PRE3 241 219Q 213 214 225 236 227D 254Q 404Q 259Q 246 227 280 250Q 237 DEX L238 L1048 220 233 233S THY	356 357 358 363 716 L. ACTH 200 PRE1 PRE2 PRE3 219 213 214 225 236 227D 254Q 404Q 259Q 246 227 280 250Q 237 DEX L238 L1048 220 233 233S THY 222	Hospital Per Day - Day Patient Hospital Per Day - Intensive C. Hospital Per Day - Intensive C. Hospital Per Day - Special C. Isolation Services Rables Quarantine LABORATORY ACTH ACTH Stim Test 200 AZO-STIX Paper Strip Test Bloodwork Under 3 Years PRE1 Bloodwork 3-6 years PRE2 Bloodwork 6 Years & Over Brucella Test 219Q CBC 213 CBC Panel Felv/Fiv 213 Chem-Profile - To Lab Chem-Profile - In House Cytology 227D DTM 254Q Fecal Test 404Q Feline Leukemia Test 259Q Felv/Fiv Tet 266 Fip Test 277 Fungal Culture 280 Glucose Paper Strip Test Low Dose Dex Test Low Dose Dex Test Low Dose Dex Test Low Dose Dex Test (Cite) PCV/Crit - Total Protein 233 Skin Swab THY Thyroid Test T3 & T4 Total Protein	Hospital Per Day - Day Patient Hospital Per Day - Intensive C. Hospital Per Day - Intensive C. Hospital Per Day - Special C. Rables Quarantine LABORATORY ACTH ACTH Stim Test Bloodwork Under 3 Years PRE2 Bloodwork 6 Years & Over Brucella Test CBC Panel Felv/Fiv Chem-Profile - To Lab Chem-Profile - In House Cytology Cytology Cytology Cytology Feline Leukemia Test Fip Test Fungal Culture Glucose Paper Strip Test Histopathological DEX Low Dose Dex Test Low Dose Dex Test CHAPTOR ACTH Strip Test Hyrorid Test T3 & T4 Thyroid Test T3 & T4 Thyroid Test T3 & T4 Thyroid Test T3 & T4 Titorid Test T3	Hospital Per Day - Day Patient 306L	Hospital Per Day - Day Patient 306L				