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# Florida Department of State

## Division of Corporations

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Katherine Harris, Secretary of State

## Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)205-0381

From:
Account Name : CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850)224-8870
Fax Number : (850)222-1222

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DIVISION OF CORPORATIONS
01 MAY 11 PM 2:35

## FLORIDA PROFIT CORPORATION OR P.A.

**Southpaw Animal Medical Center, Inc.**

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 01 |
| Estimated Charge | $78.75 |

Electronic Filing Menu Corporate Filing Public Access Help

Capital Connection, Inc.

N. CULLIGAN MAY 11 2001

H01000065224 7

**ARTICLES OF INCORPORATION**
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

***ARTICLE I NAME***
The name of the corporation shall be:

Southpaw Animal Medical Center, Inc.

***ARTICLE II PRINCIPAL OFFICE***
The principal place of business/mailing address is:

Southpaw Animal Medical Center, Inc.
3857 Northdale Boulevard
Tampa, FL 33624

***ARTICLE III PURPOSE***
The purpose for which the corporation is organized is:

Any type of legal business authorized in the state of Florida

***ARTICLE IV SHARES***
The number of shares of stock is:

1000 - par value $1.00

***ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)***
The name(s) and address(es):

Debora A. Drake, DVM President/Secretary/Treasurer/Director
15519 Woodway Drive
Tampa, FL 33613

***ARTICLE VI REGISTERED AGENT***
The **name and Florida street address** of the registered agent is:

Debora A. Drake, DVM
15519 Woodway Drive
Tampa, FL 33613

***ARTICLE VII INCORPORATOR***
The **name and address** of the incorporator is:

Debora A. Drake, DVM
15519 Woodway Dr.
Tampa, FL 33613

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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

D.A. Drake, DVM
Signature/Registered Agent

5-10-01
Date

D.A. Drake, DVM
Signature/Incorporator

5-10-01
Date

H01000065224 7