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Florida Department of State  
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**FLORIDA PROFIT CORPORATION OR P.A.**  
**ANDERSON ANIMAL CLINIC OF HIGHLANDS COUNTY, INC.**

Certificate of Status	0
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**ARTICLES OF INCORPORATION**

**OF**

**ANDERSON ANIMAL CLINIC OF  
HIGHLANDS COUNTY, INC.**

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act hereby adopt the following articles of incorporation.

**ARTICLE ONE**

The name of the corporation is ANDERSON ANIMAL CLINIC OF HIGHLANDS COUNTY, INC.

**ARTICLE TWO**

The term of existence of the corporation is perpetual and shall commence as of July 1, 2001.

**ARTICLE THREE**

The corporation may transact any and all lawful business for which corporations may be incorporated under the Florida General Corporation Act.

**ARTICLE FOUR**

The aggregate number of shares which the corporation has authority to issue is FIVE HUNDRED (500), all of which shall be common shares with a par value of \$1.00 per share.

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#### **ARTICLE FIVE**

The street address of the initial registered office of the corporation is 11915 U.S. 27 South, Sebring, Florida 33876, and the initial registered agent at such address is WENDELL D. ANDERSON, DVM. The mailing address for the corporation is 11915 U.S. 27 South, Sebring, Florida 33876.

The street address of the principal office of the corporation is 11915 U.S. 27 South, Sebring, Florida 33876.

#### **ARTICLE SIX**

The board of directors of the corporation shall consist of not more than five (5) members. The names and addresses of the initial board of directors are:

NAME:	ADDRESS:
WENDELL D. ANDERSON, DVM	15 Notre Dame Street Lake Placid, Florida 33852
ROSALYNN B. ANDERSON	15 Notre Dame Street Lake Placid, Florida 33852

#### **ARTICLE SEVEN**

The names and addresses of the incorporators are:

NAME:	ADDRESS:
WENDELL D. ANDERSON, DVM	15 Notre Dame Street Lake Placid, Florida 33852
ROSALYNN B. ANDERSON	15 Notre Dame Street Lake Placid, Florida 33852

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IN WITNESS WHEREOF, WE have subscribed our names this 21<sup>st</sup>  
day of June, 2001.

Wendell D. Anderson, DVM  
WENDELL D. ANDERSON, DVM  
Incorporator

Rosalynn B. Anderson  
ROSALYNN B. ANDERSON  
Incorporator

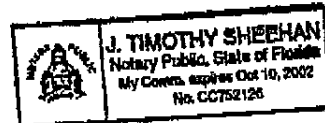
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STATE OF FLORIDA  
COUNTY OF HIGHLANDS

The foregoing instrument was acknowledged before me this  
21<sup>st</sup> day of June, 2001, by WENDELL D. ANDERSON, DVM and  
ROSALYNN B. ANDERSON, who are [☒] personally known to me, or who  
have [☐] produced their \_\_\_\_\_ as identification  
and who did not take an oath.

J. Timothy Sheehan  
J. TIMOTHY SHEEHAN  
Notary Public, State of Florida  
Affix Seal

ACCEPTANCE



I agree as registered agent to accept service of process, to  
keep the registered office open during prescribed hours, and to  
post my name in some conspicuous place in the office as required by  
law.

Wendell D. Anderson, DVM  
WENDELL D. ANDERSON, DVM  
Registered Agent