

Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H010001062172)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

FLORIDA PROFIT CORPORATION OR P.A.

WESTCOAST VETERINARY HOSPITAL, P.A.

Certificate of Status	0
Certified Copy	
Page Count	93(4)
Estimated Charge	\$78.75

OT OCT 11 PMI2: 15

Electronic Filing Menus

Comporate Filing

Public Access Help

850 222 1222 LPReina 10/11 '01 08:00 NO 789 02/04

OT I PHIZ: 15

ARTICLES OF INCORPORATION OF WESTCOAST VETERINARY HOSPITAL, P.A.

The undersigned, for purposes of forming a corporation under the Florida Business Corporation Act, does hereby adopt the following Articles of Incorporation:

ARTICLE I. NAME

The name of the corporation shall be WESTCOAST VETERINARY HOSPITAL, P.A. The principal place of business of this corporation shall be 2306 Immokalee Road, Naples, Florida 34110.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation, for the sole purpose of rendering veterinary services.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares of common stock having one dollar (\$1.00) par value per share.

ARTICLE IV. REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the corporation shall be 2306 Immokalee Road, Naples, Florida 34110, and the name of the initial registered agent of the corporation at that address is Lesli Reiff, DVM.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. DIRECTORS

This corporation shall have one director initially. The number of directors may be changed from time to time in accordance with the Bylaws, but shall never be less than one. The name and address of the initial director of the corporation is:

Lesli Reiff, DVM 2214 Regal Way Naples, Florida 34110

0.3

ARTICLE VII. OFFICERS

The officers of the corporation are:

Lesli Reiff, DVM

President/Secretary/Treasurer

ARTICLE VIII. INDEMNIFICATION OF OFFICERS

The corporation shall indemnify any officer or director, or any former officer or director, against all liability, expenses, costs, damages and attorneys' fees reasonably incurred for any action or inaction in connection with the corporation except for gross negligence, willful misconduct, or criminal actions where the crime was not committed in a good faith or reasonable belief that the action was lawful and was not opposed to the best interests of the corporation.

An officer or director shall not be liable to the corporation for any loss or damage sustained by it for any action taken or omitted by him if he in good faith exercised the care of a prudent man, in good faith acted or failed to act based upon advice of counsel for the corporation or on the books as records of the corporation, or followed what he believed to be sound accounting and business practice.

The foregoing rights of indemnification are in addition to all other rights to which the officer or director may be entitled under law.

ARTICLE IX. INCORPORATOR

The name and street address of the sole incorporator to these Articles of Incorporation is:

Leslie Reiff, DVM 2214 Regal Way Naples, Florida 34110

IN WITNESS WHEREOF, the undersigned has signed these Articles of Incorporation on this day of October, 2001.

SLI REIFF, DVM, incorporator

ACCEPTANCE OF REGISTERED AGENT

I, Lesli Reiff, DVM, agree to serve as registered agent and accept service for WESTCOAST VETERINARY HOSPITAL, P.A., at its registered office, and am familiar with and agree to comply with the provisions of Sections 48.091 and 607.325 of the Florida Statues in keeping said office open.

Dated this day of October, 2001.

01 OCT 11 PM 12: 15
SECRETARY OF STATE