

# Florida Department of State

Division of Corporations Public Access System



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To:

Division of Corporations

Fax Number : (850)205-0381

Estimated Charge

From: -

Account Name : LAW OFFICE OF DANIEL C. PERRI

Account Number : I20040000119 . : (850)651-3011

Tax Number : (850)651-3306

# FLORIDA PROFIT CORPORATION OR P.A.

Wynn Haven Animal Hospital, P.A.

Certificate of Status 1 0 Certified Copy 04 Page Count

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# ARTICLES OF INCORPORATION OF WYNN HAVEN ANIMAL HOSPITAL, P.A.

The undersigned, being the sole incorporator of these Article of Incorporation and who is duly licensed to practice medicine, in the State of Florida, hereby forms a professional corporation under the laws of the State of Florida, Florida Statutes, Chapter 607 and Chapter 621 as follows:

### ARTICLE I NAME

The name of this corporation is WYNN HAVEN ANIMAL HOSPITAL, P.A.

#### ARTICLE II DURATION

This corporation shall exist perpetually.

# ARTICLE III CORPORATE PURPOSE AND POWERS

This corporation is organized for the purpose of operating a veterinary clinic and all other legal business. This corporation shall have all corporate powers enumerated in Chapter 607 mentioned above.

#### ARTICLE IV

The corporation elects to be governed by the provisions of Florida Statutes Chapter 621, the Florida Professional Service Corporation and Limited Liability Company Act.

# ARTICLE V CAPITAL STOCK

The maximum number of shares of stock that this Corporation is authorized to have is One Thousand (1,000) shares of common stock having a nominal or par value of One Dollar (\$1.00) per share, which such stock shall have the entire voting power of the corporation.

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## ARTICLE VI INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 4 Eleventh Avenue, Suite 1, Shalimar, Florida 32579 and the name of the initial registered agent at that address is DANIEL C. PERRI.

## ARTICLE VII INITIAL BOARD OF DIRECTORS

The number of directors constituting the initial Board of Directors is one (1). The name and address of the person who is to serve as the initial Board of Directors is:

William J. Whiteside 9602 Navarre Parkway Navarre, Florida 32566

# ARTICLE VIII INITIAL INCORPORATOR AND PRINCIPAL OFFICE ADDRESS

The name and address of the initial incorporator of this corporation is as follows:

William J. Whiteside 9602 Navarre Parkway Navarre, Florida 32566

The principal office address of the corporation is 9502 Navarre Parkway, Navarre, Florida 32566, and the mailing address of the corporation is 9602 Navarre Parkway, Navarre, Florida 32566.

# ARTICLE IX AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by vote of 51% of the stock entitled to vote thereon. Any action of the stockholders may be taken without a meeting when consent in writing setting forth the action so

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taken is signed by all the persons who would be entitled to vote upon such action at a meeting and filed with the Secretary of the Corporation as part of the corporate records.

IN WITNESS WHEREOF, the undersigned, being the sole incorporator hereinbefore named, has hereunto set his hand and seal on this the 4 day of July, 2005, for the purpose of forming a corporation to do business both within and without the State of Florida and does make and file in the Office of the Secretary of State of Florida these Articles of Incorporation and certify that the facts herein stated above are true.

WILLIAM J. WHITESIDE

Incorporator

STATE OF FLORIDA COUNTY OF OKALOOSA

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared WILLIAM J. WHITESIDE, either personally know to me or has produced a valid driver's license as identification to be the individual described in and who executed the foregoing Articles of Incorporation and he acknowledged to and before me that he executed the same for the purposes therein expressed.

WITNESS my hand and official seal in the State and County last aforesaid this day of July, 2005.

OOLLEEN E, BRAKE
MY COMMISSION # DD 417304
EXPIRES: August 11, 2003
Bonded Titry Assety Public Undersellers

COLLEEN E. BRAKE

Notary Public

My Commission Expires: 08/11/2009

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## CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

Pursuant to Section 48.091 and 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of Florida, submits the following statement designating the registered office and registered agent in Florida.

- 1. The name of the corporation is WYNN HAVEN ANIMAL HOSPITAL, P.A.
- 2. The address of the registered office is 4 Eleventh Avenue, Suite 1, Shalimar, Florida 32579.
  - 3. The name of the registered agent at the registered office is DANIEL C. PERRI.

Dated: July 14\_, 2005.

WILLIAM J. WHITESIDE

Incorporator

Having been named as registered agent and to accept service of process for the above named corporation, at the place designated in this certificate, I hereby accept appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all Florida Statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dated: July 19, 2005.

DANIEL C. PERRI