

PO7000046777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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FILED  
2007 APR 16 AM 11:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Hampton APR 17 2007

## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** WESTSIDE ANIMAL HOSPITAL OF N. W. FLORIDA, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** DR. JAMES A. ZETTLER

Name (Printed or typed)

5285 POWIE DRIVE

Address

PENSACOLA, FLORIDA 32504

City, State & Zip

(850) 494-2700

Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

# ARTICLES OF INCORPORATION

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

FILED

## **ARTICLE I NAME**

The name of the corporation shall be:

WESTSIDE ANIMAL HOSPITAL OF N.W. FLORIDA, INC.

2007 APR 16 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

711 NORTH FAIRFIELD DRIVE, PENSACOLA, FLORIDA 32506

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANIMAL MEDICINE

## **ARTICLE IV SHARES**

The number of shares of stock is:

18,000 COMMON

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

DR. JAMES A ZETTLER, 5285 POWIE DR., PENSACOLA, FL. 32504 - PRESIDENT

SUSAN G ZETTLER, 5285 POWIE DR., PENSACOLA, FL. 32504 - SEC/TREAS.

## **ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

DR. JAMES A. ZETTLER  
5285 POWIE DRIVE  
PENSACOLA, FLORIDA 32504


## **ARTICLE VII INCORPORATOR**

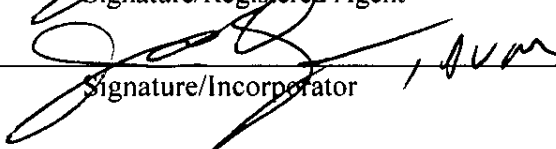
The name and address of the Incorporator is:

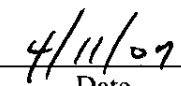
DR. JAMES A ZETTLER  
5285 POWIE DRIVE  
PENSACOLA, FLORIDA 32504

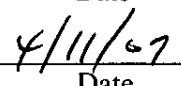
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

X  Signature/Registered Agent

X  Signature/Incorporator

 Date

 Date