

P910000094894

Corvette Clinic

P.O. Box 951239

Lake Mary, Florida 32795-1239

Office Use Only

own):

1. _____
(Corporation Name) (Document #)
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****122.50 ****122.50

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

625-615-611-531
W96-21569

11/20/96



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
56 NOV 29 PM 1:32

October 11, 1996

CORVETTE CLINIC
POST OFFICE BOX 951239
LAKE MARY, FL 32795-1239

SUBJECT: CORVETTE CLINIC, INC.
Ref. Number: W96000021569

We have received your document for CORVETTE CLINIC, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

The registered agent must sign accepting the designation.

Bylaws are not filed with this office. Please retain them for your records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6973.

Claretha Golden
Document Specialist

Letter Number: 196A00046367

JAMES A. BARKS

ATTORNEY AT LAW

SUITE B

1120 WEST FIRST STREET

SANFORD, FLORIDA 32771

November 6, 1996

TELEPHONE (407) 321-1224

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 NOV 20 PM 1:32

FAX (407) 321-1487

FLORIDA DEPARTMENT OF STATE
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32312

Re: CORVETTE CLINIC, INC.

Gentlemen:

Enclosed please Articles of Incorporation and copy of same for Corvette Clinic, Inc. for filing together with a copy of your letter dated October 11, 1996, showing receipt of filing fee previously paid.

Please file the enclosed Articles and return a certified copy of same to me in the enclosed UPS prepaid envelope at your earliest convenience.

Thank you for your assistance.

Very truly yours,



James A. Barks

JAB/lw

Enclosures

ARTICLES OF INCORPORATION

OF

CORVETTE CLINIC, INC.

FILED
CORPORATE
RECORDS
SECTION
JAN 14 1982
TALLAHASSEE, FLORIDA

The undersigned Incorporators to these Articles of Incorporation hereby associate themselves together to form a Corporation under the Laws of the State of Florida.

ARTICLE I. NAME

The name of the Corporation is: CORVETTE CLINIC, INC.

ARTICLE II. COMMENCEMENT AND DURATION

Corporate existence of this Corporation shall commence upon the filing of these Articles of Incorporation by the Department of State of the State of Florida, and this Corporation is to exist perpetually.

ARTICLE III. GENERAL PURPOSE

The general purpose of the business to be transacted by this Corporation is to engage in any and all lawful business permitted under the Laws of the United States and the Laws of the State of Florida, except to do business as a bank, railroad, canal, or telephone or telegraph company.

ARTICLE IV. NUMBER OF SHARES

The maximum number of stock that this Corporation is authorized to issue is: 1,000 shares of common stock with \$1.00 par value per share, said shares shall be of the same class without preference.

ARTICLE V. INITIAL PRINCIPAL OFFICE AND REGISTERED AGENT

The street address of the initial principal office and registered office of this Corporation is 5704 North Road, Sanford, Florida 32771, and the name of the initial Registered Agent of this Corporation is CHRISTOPHER S. PETRIS, JR.

ARTICLE VI. INITIAL BOARD OF DIRECTORS

This Corporation shall have two (2) Directors initially. The number of Directors may be either increased or diminished from time to time by the ByLaws but shall never be less than one

(1). The names and addresses of the initial Directors of this Corporation are:

CHRISTOPHER S. PETRIS, JR.
Post Office Box 951239
Lake Mary, Florida 32795-1239

GENEVA HOPE PETRIS
Post Office Box 951239
Lake Mary, Florida 32795-1239

ARTICLE VII. INCORPORATORS

The names and addresses of the persons signing these Articles are:


CHRISTOPHER S. PETRIS, JR.
Post Office Box 951239
Lake Mary, Florida 32795-1239


GENEVA HOPE PETRIS
Post Office Box 951239
Lake Mary, Florida 32795-1239

ARTICLE VIII. AMENDMENT

This Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any Amendment hereto, and any right conferred upon the Shareholders is subject to these reservations.

IN WITNESS WHEREOF, the undersigned subscribers executed these Articles of Incorporation this 18TH day of November, 1996.


CHRISTOPHER S. PETRIS, JR.
Incorporator


GENEVA HOPE PETRIS
Incorporator

STATE OF FLORIDA

COUNTY OF SEMINOLE

The foregoing instrument was acknowledged before me this 18th day of November, 1996, by CHRISTOPHER S. PETRIS JR. and GENEVA HOPE PETRIS, husband and wife, who have produced F.L. Driver's licenses as identification who are personally known to me.



MARIE A POST
My Commission CC408990
Expires Jun. 07, 1999
Bonded by ANB
000-052-6078

Marie A. Post

CERTIFICATE DESIGNATING REGISTERED AGENT AND
STREET ADDRESS OF THE OFFICE FOR SERVICE OF PROCESS
WITHIN THIS STATE

RECEIVED
OFFICE OF THE CLERK
JAN 11 1988
CORPORATION DIVISION

Pursuant to Florida Statutes, this is to certify that CORVETTE CLINIC, INC., a Corporation duly organized and existing under the Laws of the State of Florida, has named CHRISTOPHER S. PETRIS, JR., 5704 North Road, Sanford, Florida , as its agent to accept service of process within this State and the said address as the office for such service of process.

Christopher S. Petris, Jr.
President

ACKNOWLEDGMENT

Having been named to accept service of process for the above State Corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and agree to comply with the provisions of the Florida Statutes relative thereto.

By: Christopher S. Petris, Jr.
Registered Agent