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(City/State/Zip/Phone #)

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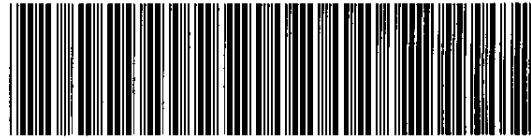
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: EILEEN D. ROWAN, VMD, PC
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida,"
"Certificate of Existence," and check are submitted to register the above referenced foreign corporation
to transact business in Florida.

Please return all correspondence concerning this matter to the following:

DR. EILEEN D. ROWAN
(Name of Person)

(SAME)
(Firm/Company)

4961 ISLAND ACRES COURT
(Address)

ST. JAMES CITY, FL. 33956
(City/State and Zip code)

For further information concerning this matter, please call:

EILEEN ROWAN at (239) 558-8067
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☒ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. EILEEN D. ROWAN, VMD, P.C.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK, USA 3. TAX I.D.# 11-2851101
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. MARCH 25, 1987 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. NO BUSINESS TRANSACTED YET. JUST MOVED HERE.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4961 ISLAND ACRES COURT, ST. JAMES CITY, FL. 33656
(Principal office address)

SAME (HOME)
(Current mailing address)

8. VETERINARY MEDICINE / SURGERY - RELIEF VET FOR
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) VARIOUS
HOSPITALS

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: EILEEN D. ROWAN VMD

Office Address: 4961 ISLAND ACRES COURT
ST. JAMES CITY, Florida 33956
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.

Eileen D. Rowan VMD
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: DR. EILEEN D. ROWAN

Address: 4961 ~~ST. JAMES CITY~~ ISLAND ACRES COURT
ST. JAMES CITY, FL. 33956

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: DR. EILEEN D. ROWAN

Address: 4961 ISLAND ACRES COURT
ST. JAMES CITY, FL. 33956

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Eileen D. Rowan VMD
(Signature of Director or Officer listed in number 12 of the application)

14. EILEEN D. ROWAN VMD, PC - PRESIDENT
(Typed or printed name and capacity of person signing application)

**State of New York
Department of State } ss:**

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I hereby certify, that the Certificate of Incorporation of EILEEN D. ROWAN, V.M.D., P.C. was filed on 04/16/1987, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 04th day of November two
thousand and ten.*

First Deputy Secretary of State