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NLLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: American Board of Veterinary Practitioners, Inc. Name of Corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.
Please return all correspondence concerning this matter to the following:
Alan Geenha Name of Person
North Amorican Veterinary Community Firm/Company
5003 SW 41st Blvd Address
Ganesville, FL 32608-4930 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alan Geerina at (352) 244-3720 Name of Person at (352) Daytime Telephone Number
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\Bigcup \text{\$\sigma} \$\s

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS A THE STATE OF FLORIDA:		RS IN
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so cont in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)	- -hc like ained	•
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Flori	da)	
2. Tenn 25502 (State or country under the law of which it is incorporated) 4. 12/29/1999 (Date of Incorporation) 3. 16-1128973 (FEI number, if applicable) (Date of duration, if other than perpetual)		
6. O3/01/2016 (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty		`
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty 7. 5003 SW 41st Blvd Gainesville, FL 32608-40 (Pfincipal office address)	iability. <u>30</u>	.)
(Current mailing address, if different)		
8. Professional Association (Veferinary) (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	16 AUG 26	<u> </u>
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)		LED
Office Address: Alan Geevina Office Address: 5003 SW HST Blvd Garnesarile, Florida 32608-4930 (City) Florida 32608-4930	AM 11: 31	D
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at designated in this application, I hereby accept the appointment as registered agent and agree to act in this further agree to comply with the provisions of all statutes relative to the proper and complete performance duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature)	capacii	ice ly. I
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this at the Department of State, by the Secretary of State or other official having custody of corporate records in jurisdiction under the law of which it is incorporated.		on to



STATE OF TENNESSEE Tre Hargett, Secretary of State

Division of Business Services William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

AMERICAN BOARD OF VETERINARY PRACTITIONERS

August 12, 2016

ATTN: ALAN GEERING 5003 SW 41ST BLVD

GAINESVILLE, FL 32608-4930

Request Type: Certificate of Existence/Authorization

Request #:

0211134

Issuance Date: 08/12/2016

Copies Requested:

Document Receipt

Receipt #: 002842224

Filing Fee:

\$20.00

Payment-Check/MO - AMERICAN BOARD OF VETERINARY PRACTITIONERS, GAINESVILLE,

\$20.00

Regarding:

AMERICAN BOARD OF VETERINARY PRACTITIONERS, INC.

Filing Type:

Nonprofit Corporation - Domestic

Control # 1

382094

Formation/Qualification Date: 12/29/1999

Date Formed:

12/29/1999

Status:

Active

Formation Locale: TENNESSEE

Duration Term:

Perpetual

Inactive Date:

Business County:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that affect as of the issuance date noted above

AMERICAN BOARD OF VETERINARY PRACTITIONERS, INC.

- * is a Corporation duly incorporated under the law of this State with a date of incomoration and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Sheila Keeling

Verification #: 018581829

A. DIRECTORS
Regent Dr. Brancha Chaiffin
Asson Callege of Vereninary Medicine - UF
2015 SW 16th Aventus Garheserth FL32610
Regent Dr. W. Wan Olkowski
radion Color mest Anique Clinic
Roger Dr. Robert Sager
Address 119 Sunlight, Bozonen, MT 59718
Regent: Dr. Gara Thompson
nome West Subertan Arianal Hospital
3265 KM Road, Taledo OH 43617_
B. OFFICERS
President Dr. Kimbertlee Buck
Address: 9339 South Gera Road 87
Birch Ron MI 48415
vice President Dr. Normis McGelee For
Awres: 712 Mount Marial Road SE
Meanphis, TV 33117
some Dr. Michael Dutton
waren 91 North Stark Highway, Weete NH 03281
Transmit Dr. Nicholas Nelson
Address 10 Mountain Leelge Drive, Wilton NY 12881
NOTE: Wheresear I you must attach an addereship to the application listing additional officers and/or directors.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Kimba-ley A. Buck (Typed or printed issue and capacity of person signing application)

12. Names and addresses of officers and/or directors

12. Names and addresses of officers and/or directors

A. DIRECTORS	
Regent: Dr. Brenda Griffin	
Address: College of Verevinary Medicine - UF	
2015 SW 16th Avenue, Garhoseville FL3	7610
Regent: Dr. William Olkowski	
Address: Cedar crest Animal Clinic	
PO Box 375, Fisherville, VA 22939	
Director: Dr. Robert Sager	
Address: 119 Sunlight, Bozaman, MT59718	
Regent: Da C	
Director: Dr. Gary hompson	
Address: West Suburton Animal Hospital	
3265 King Road, Toledo OH 43617	
B. OFFICERS	n ≥
President: Dr. Kimberlee Buck	2 2 2 1 2
Address: 9359 South Geva Road A	<u> </u>
Birch Run, MI 48415 ====================================	<u> </u>
Vice President: Dr. Nows McGehee BA	3
Address: 712 Mount Mariah Rodd	
Memphis, TN 38117	
Secretary: Dr. Michael Dutton	
Address: 91 North Stark Highway, Weave NHO	3281
Treasurer: Dr. Nicholas Nelson	
Address: 10 Mountain Ledge Drive, Wilton NYI	2831
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	-
14. (Typed or printed name and capacity of person signing application)	