

PD6000125711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

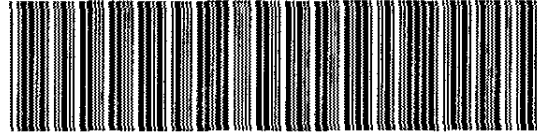
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100080304041

10/02/06--01011--016 **78.75

FILED
06 OCT -2 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
10/2

COVER LETTER

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

SUBJECT: JUPITER VASCULAR CONSULTANTS, 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: DAVID C NUNNEY
Name (Printed or typed)

1680 S CENTRAL BLVD # 112
Address

JUPITER, FL 33458
City, State & Zip

561-748-1116
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)

ARTICLE I NAME

The name of the corporation shall be:

JUPITER VASCULAR CONSULTANTS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1680 S. CENTRAL BLVD.
SUITE 112
JUPITER, FL 33458

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL PRACTICE

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DAVID C. NYNLEY, MD	GAY ALFORD NYNLEY
PRESIDENT	SECRETARY
134 MYSTIC LANE	134 MYSTIC LANE
JUPITER, FL 33458	JUPITER, FL 33458

ARTICLE VI REGISTERED AGENT

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

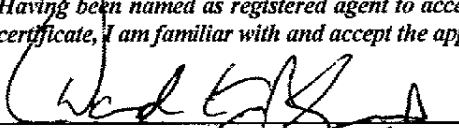
DAVID C NYNLEY
134 MYSTIC LANE
JUPITER, FL 33458

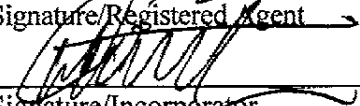
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LORRAINE TAYLOR
2061 SW JUDITH LANE
FORT ST LUCIE, FL 34953

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


Signature/Registered Agent


Signature/Incorporator

9/28/06
Date

9/28/06
Date

FILED
06 OCT -2 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA