

P10000097454

(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



900188251919

12/01/10--01021--013 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 DEC -1 AM 11:17

FILED

J. Shivers DEC 05 2010

COVER LETTER

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

SUBJECT: Brian Gerard, D.V.M., P.A.

(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: Brian Gerard, DVM

Name (Printed or typed)

1110 NW 18th Avenue

Address

Delray Beach, FL 33445

City, State & Zip

561-319-7590

Daytime Telephone number

bgerardvet@aol.com

E-mail address: (to be used for future annual report notification)

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

FILED
2010 DEC -1 AM 11:17
STATE OF FLORIDA
TALLAHASSEE, FL 32314

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: Brian Gerard, D.V.M., P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
426 W. Indiantown Road
Jupiter, FL 33458

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Veterinary practice, d.b.a. Jupiter Animal Hospital

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brian Gerard, DVM (Director)
Address: 426 W. Indiantown Road
Jupiter, FL 33458

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Brian Gerard, DVM
Address: 426 W. Indiantown Road
Jupiter, FL 33458

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brian Gerard, DVM
Address: 1110 NW 18th Avenue
Delray Beach, FL 33445

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

Brian Gerard, DVM

Required Signature/Registered Agent

11/28/10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Brian Gerard, DVM

Required Signature/Incorporator

11/28/10
Date

FILED
2010 DEC -1 AM 11:17
TALLAHASSEE, FLORIDA
SECRETARY OF STATE