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## COVER LETTER

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

**SUBJECT: GARRETT INTERNAL MEDICINE, 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: PATRICK GARRETT, M.D.**

Name (Printed or typed)

**824 CRESCENT LAKES PLACE**

Address

**ANDOVER, KANSAS 67002**

City, State & Zip

**(316) 733-1774**

Daytime Telephone number

**CGARRETTMD@YAHOO.COM**

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

**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: GARRETT INTERNAL MEDICINE, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

824 CRESCENT LAKES PLACE

ANDOVER, KANSAS 67002

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: PRACTICE OF INTERNAL MEDICINE

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: PATRICK GARRETT, M.D. (P)

Name and Title: \_\_\_\_\_

Address: 824 CRESCENT LAKES PLACE  
ANDOVER, KANSAS 67002

Address: \_\_\_\_\_

Name and Title: CHRISTINE GARRETT, M.D. (VP)

Name and Title: \_\_\_\_\_

Address: 824 CRESCENT LAKES PLACE  
ANDOVER, KANSAS 67002

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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(conti.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: JENNIFER STREID  
Address: 262 WOODPECKER LANE  
NAPLES, FLORIDA 34114

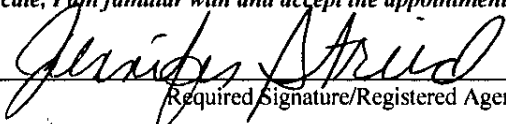
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: PATRICK GARRETT, M.D.  
Address: 824 CRESCENT LAKES PLACE  
ANDOVER, KANSAS 67002

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*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*

  
Required Signature/Registered Agent

4.15.14  
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.*

  
Required Signature/Incorporator

04/12/2014  
Date