

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

## OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Mercedes Medical LLC dba Mercedes Scientific  
Bradenton, FL United States

Certificate Number:

2024-1185061

Date Filed:

07/09/2024

Date Acknowledged:

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Collin County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

2023-176

Veterinary & Animal Care Supplies

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

### 6 UNSWORN DECLARATION

My name is MONICA FRASER, and my date of birth is [REDACTED].

My address is [REDACTED] (street) V (city) (state) (zip code) (country).

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Manatee County, State of Florida, on the 9th day of July, 2024.  
(month) (year)

MONICA FRASER  
Signature of authorized agent of contracting business entity (Declarant)