

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ISLAND PEER REVIEW ORGANIZATION, 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 Good Standing" 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:

DANIEL A. SCHWEITZER
Name of Person

ISLAND PEER REVIEW ORGANIZATION, INC.
Firm/Company

1979 MARCUS AVENUE
Address

LAKE SUCCESS, NY 11042
City/State and Zip Code

dschweitzer@ipro.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL A. SCHWEITZER at (516) 326-7767
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing 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
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

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 AFFAIRS IN THE STATE OF FLORIDA:

1. ISLAND PEER REVIEW ORGANIZATION, INC.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. NEW YORK 3. 11-2662689
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 07/27/1983 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. PENDING
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 1979 MARCUS AVENUE, LAKE SUCCESS, NY 11042
(Principal office address)
- 1979 MARCUS AVENUE, LAKE SUCCESS, NY 11042
(Current mailing address)
8. CONDUCT AUDIT OF MEDICAID PATIENTS FILES
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: PACIFIC REGISTERED AGENTS, INC.

Office Address: 5647 110th AVENUE NORTH

ROYAL PALM BEACH, Florida 33411
(City) (Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)
Charles F. Mathias, President

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: SEE ATTACHED LIST

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SEE ATTACHED LIST

Address: _____

Vice President: _____

Address: _____


Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. Alan F. King, Sr. VP & Chief Financial Officer
(Typed or printed name and capacity of person signing application)

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BOARD OF DIRECTORS

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
THEODORE O. WILL	CHIEF EXECUTIVE OFFICER	47 STILLWELL LANE, WOODBURY, NY 11797
HARRY FEDER	SENIOR VICE PRESIDENT	376 W. 245 STREET, RIVERDALE, NY 10471
CLARE BRADLEY POLLET	SENIOR VICE PRESIDENT	2 CURRIER AVENUE, MELVILLE, NY 11747
ALAN KING	CHIEF FINANCIAL OFFICER	319 PEACHTREE DRIVE, EAST NORWICH, NY 11732

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BOARD OF DIRECTORS

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beeper: 516 332-7796

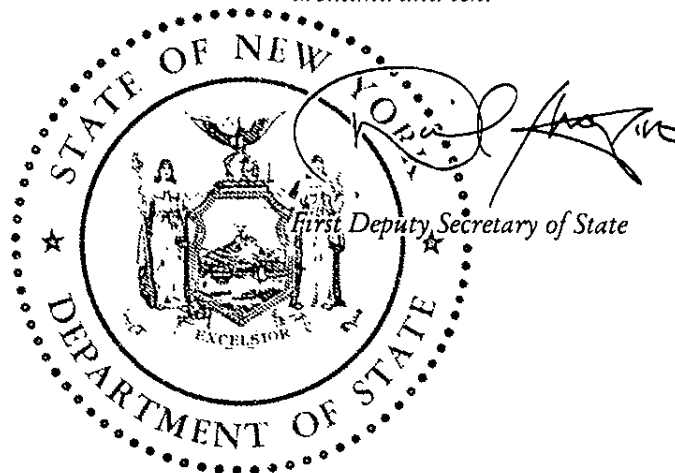
MAIL CORR.: REGULAR MAIL

EMAIL: joel.yohai@chsli.org

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of ISLAND PEER REVIEW ORGANIZATION, INC. was filed on 07/27/1983, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 20th day of August two
thousand and ten.*



First Deputy Secretary of State

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