

F11000003613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

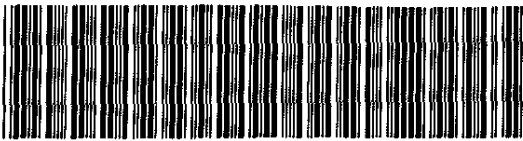
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/06/11--01019--005 **70.00

APPROVED AND FILED
TALLAHASSEE, FLORIDA
SEP - 6 PM 1:11
SECRETARY OF STATE

WAGNER, JOHNSTON & ROSENTHAL, P.C.

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September 1, 2011

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

Re: Medical & Injury Centers of Florida, P.C. - Application by Foreign Corporation for
Authorization to Transact Business in Florida

Dear Sir or Madam:

Enclosed please find the following which I forward to you in connection with the above-referenced registration:

1. An original and one copy of the completed Application;
2. Cover Letter;
3. An original Certificate of Existence issued by the Georgia Secretary of State's Office on September 1, 2011; and
4. This Firm's check in the amount of \$70.00 in payment of the filing fee.

Please process the Application and return the copy marked "filed" in the self-address, postage prepaid envelope provided herein.

Thank you for your assistance. Should you have any questions regarding the enclosed, please contact the undersigned at 404-261-0500.

Sincerely,



Yvette A. Rix
Corporate Paralegal

Enclosures

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Medical & Injury Centers of Florida, P.C.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Yvette A. Rix

Name of Person

Wagner, Johnston & Rosenthal, P.C.

Firm/Company

5855 Sandy Springs Circle, Suite 300

Address

Atlanta, Georgia 30328

City/State and Zip code

yar@wjrlaw.com

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

For further information concerning this matter, please call:

Yvette A. Rix

Name of Person

at (404) 261-0500

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

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 CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Medical & Injury Centers of Florida, P.C.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Georgia 3. 45-2883248
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 19, 2011 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 800 Virginia Avenue, Suite 200
(Principal office address)

Hapeville, Georgia 30354
(Current mailing address)

8. Medical Practice
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

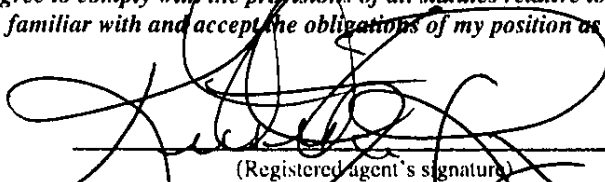
Name: Corporate Creations Network, Inc.

Office Address: 11380 Prosperity Farms Road #221E

Palm Beach Gardens, Florida 33410
(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)

Kristine Roy, Special Secretary

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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 SEP - 6 PM 1:11

APPROVED
AND
FILED

APPROVED
AND
FILED

11 SEP -6 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Shailesh Kothari

Address: 800 Virginia Avenue, Suite 200

Hapeville, Georgia 30354

Director: Krishnan Arunachalam

Address: 800 Virginia Avenue, Suite 200

Hapeville, Georgia 30354

B. OFFICERS

President: Shailesh Kothari

Address: 800 Virginia Avenue, Suite 200

Hapeville, Georgia 30354

Vice President: _____

Address: _____

Secretary: Shailesh Kothari

Address: 800 Virginia Avenue, Suite 200, Hapeville, Georgia 30354

Treasurer: Krishnan Arunachalam

Address: 800 Virginia Avenue, Suite 200, Hapeville, Georgia 30354

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. Shailesh Kothari, President

(Typed or printed name and capacity of person signing application)

Control No. 11054446

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Drive
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

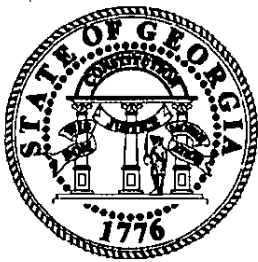
MEDICAL & INJURY CENTERS OF FLORIDA, P.C.

Domestic Professional Corporation

was formed or was authorized to transact business on 07/19/2011 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 1st day of September, 2011

Brian P. Kemp
Secretary of State

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 SEP -6 PM 1:11

APPH:JVEL