

F15000001913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

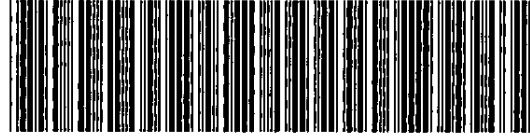
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 MAY -4 PM 11:00  
TALLAHASSEE, FLORIDA

ws 26/29

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Mid-America Psychological & Counseling Service, 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:

**Shelley Joseph**

Name of Person

**Mid-America Psychological & Counseling Service, P.C.**

Firm/Company

**8300 S Broadway, Suite F1**

Address

**Merrillville, Indiana 46410**

City/State and Zip code

**midamericapsych@aol.com**

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

For further information concerning this matter, please call:

**Shelley Joseph**

Name of Person

at ( **219** ) **736-1000**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 15, 2015

SHELLEY JOSEPH  
8300 S BROADWAY STE F1  
MERRILLVILLE, IN 46410

SUBJECT: MID-AMERICA PSYCHOLOGICAL & COUNSELING SERVICE, P.C.  
Ref. Number: W15000026129

We have received your document for MID-AMERICA PSYCHOLOGICAL & COUNSELING SERVICE, P.C. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The only acceptable words for designation as a professional association are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 115A00007498

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. Mid-America Psychological & Counseling Service, P.C. P.A.  
(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. Indiana 3. 35-2070942  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 14, 2000 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. 4851 Tamiami Trail North #200, Naples, Florida 34103  
(Principal office address)

8300 S Broadway, Suite F1, Merrillville, IN 46410  
(Current mailing address)

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

Name: Kalyani Gopal, Ph.D.

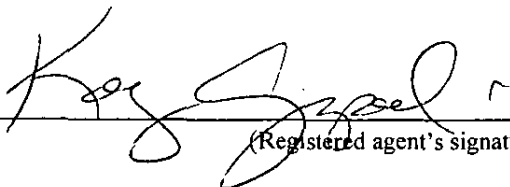
Office Address: 4851 Tamiami Trail North, #200

Naples, Florida 34103  
(City) (Zip code)

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15 MAY -4 : 11:00  
STATE OF FLORIDA  
TALLAHASSEE

9. 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)

10. 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.

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: Kalyani Gopal

Address: 8300 S Broadway Suite F1

Merrillville, IN 46410

Vice President: Jaswinder Singh, Ph.D.

Address: 8300 S Broadway Suite F1

Merrillville, IN 46410

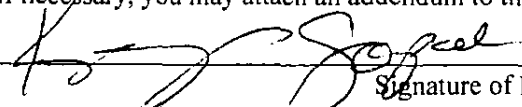
Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

12.   
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.

13. Kalyani Gopal (President)

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

RECEIVED  
MAY -4 2011 11:00  
STATE DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

STATE OF INDIANA  
OFFICE OF THE SECRETARY OF STATE  
CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

**MID-AMERICA PSYCHOLOGICAL & COUNSELING SERVICES, P.C.**

duly filed the requisite documents to commence business activities under the laws of State of Indiana on July 14, 2000, and was in existence or authorized to transact business in the State of Indiana on April 01, 2015.

I further certify this Domestic Professional Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this First Day of April, 2015.

*Connie Lawson*

Connie Lawson, Secretary of State

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STATE OF INDIANA  
TAL  
15 MAY -4 11:00  
FILED