

F20000002162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

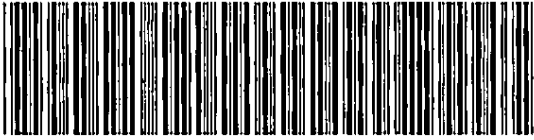
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07/29/20--01000--001 **87.50

06/22/20--01015--002 **150.00

FILED
2020 JUN 17 PM 3:07
TALLAHASSEE, FLORIDA
OFFICE OF THE CLERK OF THE SUPREME COURT

45
6/22/20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2020

JONATHAN LANDOW
3530 MYSTIC POINTE DRIVE
SUITE:1402
AVENTURA, FL 33180

SUBJECT: EASTERN MEDICAL PRACTICE, P.C.
Ref. Number: W20000056085

We have received your document for EASTERN MEDICAL PRACTICE, 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):

Florida law does not provide for the recognition of a foreign professional corporation. An acceptable corporate suffix will need to be added to your entity name for this Department to accept and file your document.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$150.00.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 220A00011171

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JUN 17 2020

www.sunbiz.org

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. Eastern Medical Practice, P.C.
(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

EASTERN MEDICAL PRACTICE PROFESSIONAL CORPORATION
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York 3. (FEI number, if applicable)
(State or country under the law of which it is incorporated)

4. December 11, 1997 5. Perpetual
(Date of incorporation) (Date of duration, if other than 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. 3530 Mystic Pointe Drive, Suite 1402 Aventura, FL 33180
(Principal office street address)

(Current mailing address, if different)

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

Name: Jonathan Landow

Office Address: 3530 Mystic Pointe Drive, Suite 1402

Aventura, Florida 33180
(City) (Zip code)

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.

[Handwritten signature]

(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

2010 JUN 17 PM 3:07
TAMM, SECRET, FLORIDA

A. DIRECTORS

Chairman Name: Jonathan Landow
 Vice Chairman Address: 3530 Mystic Pt Dr. Aventura, FL 3
 Director _____
 President Jonathan Landow
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____


Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

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 FALLEN LEAVES

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. 
 Signature of Director or Officer

The undersigned hereby certifies that the information furnished in this report to the Department of State constitutes a true and correct statement of the facts as provided for in s. 817.155, F.S.

13. Jonathan Landow as President
 (Typed or printed name and capacity of person signing application)

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of EASTERN MEDICAL PRACTICE, P.C. was filed on 12/11/1997, under the name of SUNRISE MEDICAL & DIAGNOSTIC, P.C., with perpetual duration, 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.

A Certificate of Amendment SUNRISE MEDICAL & DIAGNOSTIC, P.C., changing its name to SENIORCARE MEDICAL SERVICES, P.C., was filed 01/15/1998.

A Certificate of Amendment SENIORCARE MEDICAL SERVICES, P.C., changing its name to EASTERN MEDICAL PRACTICE, P.C., was filed 12/04/2000.

The Biennial Statement is past due.



2020 JUN 17 PM 3:07

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 05th day of June two thousand and twenty.

Brendan C. Hughes

Brendan C Hughes
Executive Deputy Secretary of State