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## FLORIDA FILING & SEARCH SERVICES, INC.

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DATE:

05/10/22

**NAME**: WESTERN ATLANTIC UNIVERSITY SCHOOL OF MEDICINE, LTD.

TYPE OF FILING: APPLICATION

COST:

70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 11, 2022

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: WESTERN ATLANTIC UNIVERSITY SCHOOL OF MEDICINE, ETD.

Ref. Number: W22000060539

We have received your document for WESTERN ATLANTIC UNIVERSITY SCHOOL OF MEDICINE, LTD.. However, the document has not been filed and is being returned for the following:

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 422A00010844

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.

••	antic University School of Medicine, corporation; must include "INCORPORATED,			
	Corp." "Inc," "Co," or "Corp.")			
WAUSM Lir	•			
(If name unavail	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)		
2. The Bahamas 3. (State or country under the law of which it is incorporated)		(FEI number, if applicable)		
		Perpetual		
(Date	e of incorporation)	(Date of duration, if other than perpetual)		
6				
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
7 7901 S.W. 6	th Court, Suite 350, Plantation, FL,	ce street address)  901 S.W. 6th Court, Suite 350, Plantation, FL 33324  g address, if different)  D. Box NOT acceptable)		
, <u></u>		ce street address)		
c/o Western Atlanti	ic University School of Medicine, LLC, Southpointe, 7	901 S.W. 6th Court, Suite 350, Plantation, FL 33324		
		g address, if different)		
		是 是		
8. Name and street	<u>et address</u> of Florida registered agent: (P.C	). Box NOT acceptable)		
Name:	Steven M. Rosefsky	D. Box NOT acceptable)  FLORIDA  ORDA		
Office Address:	7901 S.W. 6th Court, Suite 350	<u> </u>		
	Plantation	, Florida 33324		
	(City)	(Zip code)		
9. Registered ag	ent's acceptance:			
Having been nan	ted as registered agent and to accept servi	ce of process for the above stated corporation at the place		
		nent as registered agent and agree to act in this capacity. I		
	omply with the provisions of all statutes r r with and accept the obligations of my po	elative to the proper and complete performance of my duties, sition as registered agent.		

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.

(Registered agent's signature)

A. DIRECTORS					
□Chairman	Name: Peter Goetz	□Chairman	Name: Joseph Flaherty		
	Address: 6/0 Western Atlantic University School of Medicine, LLC	□Vice Chairman	Address:clo Western Allantic University School of Medicine, LL		
Director	Southpointe	<b>■</b> Director	Southpointe		
□President	7901 S.W. 6th Court, Suite 350	□President	7901 S.W. 6th Court, Suite 350		
□Vice President	Plantation, Florida 33324	□Vice President	Plantation, Florida 33324		
□Secretary	□Treasurer	□Secretary	□Treasurer		
Other	Other	□Other	Other		
Chairman	Name: Pedro Hernandez	□Chairman	Name: John Garamendi		
□Vice Chairman	Address:	□Vice Chairman	Address:		
Director	Southpointe	<b>T</b> Director	Southpointe		
□President	7901 S.W. 6th Court, Suite 350	□President	7901 S.W. 6th Court, Suite 350		
□Vice President	Plantation, Florida 33324	□ Vice President	Plantation, Florida 33324		
□Secretary	Treasurer	□Secretary	□Treasurer		
Other	Other	Other	□Other		
□Chairman	Name: Daniel Nathan	□Chairman	Name:		
□Vice Chairman	Address:	□ Vice Chairman	Address:		
Director	Southpointe	□Director			
□President	7901 S.W. 6th Court, Suite 350	□President			
□Vice President	Plantation, Florida 33324	□Vice President			
□Secretary	□Treasurer	□Secretary	□Treasurer		
□Other	□Other	□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					
	J Signature of Director or	Officer			
The officer or director signing this document (and who is listed in number 11 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. Peter Goetz, Director					

