# F95000004610 TRANSMITTAL LETTER

TO: QUALIFICATION/REGISTRATION SECTION DIMSION OF CORPORATIONS

900001406129 -02/14/95--01095--010 \*\*\*\*\*70.00 \*\*\*\*\*70.00

700001592017 -09/25/95--01007--005 \*\*\*\*1750:00 \*\*\*\*\*941.25

941.25

SUBJECT: DONALD J. SAMMARCO, D.D.S., P.A.
(Name of corporation)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", 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:

Ivan M. Lefkowitz, Esquire
(Name of Person)

Lefkowitz, Koltun & Topham, P.A.

(Firm/Company)

430 North Mills Avenue
(Address)

Orlando, Florida 32803
(City, State and Zip Code)

SECRETARY OF STATE DIVISION OF CORPORATIONS

95 SEP 22 PN 1:41

Should you need to call someone concerning this matter, please call:

Ivan M. Lefkowitz, Esquire at (407 ) 425 - 1974 .

(Name of Person) Area Code & Daytime Telephone Number

片 4125

W95-3473

COURIER ADDRESS:

Qualification/Registration Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS:

Qualification/Registration Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 15, 1995

LEFKOWITZ, KOLTUN & TOPHAM, P.A. % IVAN M. LEFKOWITZ 430 N. MILLS AVE. ORLANDO, FL 32803

SUBJECT: DONALD J. SAMMARCO, D.D.S., P.A.

Ref. Number: W95000003473

La # F93000005985

We have received your document for DONALD J. SAMMARCO, D.D.S., P.A. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Please be advised that this office previously received correspondence concerning the unauthorized transaction of business in Florida by Donald J.Sammarco, D.D.S., P.A.. This office received \$4000.00 for transacting business without authority by Donald J. Sammarco, D.D.S., P.A. for eight years. However, it is not clear what those eight years are.

Before this office can grant authority to Donald J. Sammarco, D.D.S., P.A., we must have a written response as to the exact years that Donald J. Sammarco, D.D.S., P.A. transacted business in Florida. Also, please be advised that this office is required to collect the annual report fees due this office for those appropriate years; pursuant to s. 607.1502(4), F.S..

A certificate of existence, 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.

If you have any questions concerning the filing of your document, please call (904) 487-6094.

Steven Harris Corporate Specialist

Letter Number: 695A00006756



### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 15, 1995

LEFKOWITZ, KOLTUN & TOPHAM, P.A. % IVAN M. LEFKOWITZ 430 N. MILLS AVE. ORLANDO, FL 32803

SUBJECT: DONALD J. SAMMARCO, D.D.S., P.A. Ref. Number: W95000003473

This letter is in response to the application by foreign corporation for authorization to transact business in Florida that was previously submitted to this office for DONALD J. SAMMARCO, D.D.S., P.A.. Please make the corrections that were noted on our previous reject letter dated February 15, 1995. Until a response is received by this office concerning the prior notification, the application will not be processed.

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 (904) 487-6094.

Steven Harris Corporate Specialist

Letter Number: 495A00024888

#### LEPKOWITZ, KOLTUN & TOPHAM, P.A.

ATTORNEYS AND COUNSELORS AT LAW

430 NORTH MILLS AVENUE ORLANDO, FLORIDA 32803

IVAN M. LEPKOWITZ \*
JEFFREY M. KOLTUN \*\*
GWEN B. TOPHAM \*

TELEPHONE (407) 425-1974 FACSIMILE (407) 425-198) \* BOARD CERTIFIED IN TARATION AND MABTER OF LAWS IN ESTATE PLANNING \*\* ALBO ADMITTED IN ONIO AND KENTUCKY \* ALBO ADMITTED IN MASSACHUESTIS

September 20, 1995

Mr. Hart Collins Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re: Donald J. Sammarco, D.D.S., P.A. (the "Corporation")

Dear Mr. Collins:

As a follow-up to our telephone conversations on September 13th and September 19th regarding the Corporation, I have enclosed an original Certificate issued on September 13, 1995, by the State of Maryland which verifies that the Corporation is in good standing under the laws of Maryland. Also enclosed is an Affidavit signed by Donald J. Sammarco as President on behalf of the Corporation which sets forth the exact years that the Corporation transacted business in Florida.

Finally, I am enclosing a check in the amount of \$941.25 made payable to the Secretary of State in payment of the annual report fees due for the appropriate years.

Please contact me if you have any questions or need additional information.

Sincerely

Zeffrev M. Koltun

JMK:sa Enclosures

#### AFFIDAVIT

The undersigned, a duly authorized officer acting on behalf of Donald J. Sammarco, D.D.S., P.A. (the "Corporation"), personally appeared before me, and who being first duly sworn under oath, deposes and says as follows:

THAT the Corporation was incorporated under the laws of the State of Maryland and was in good standing and authorized to transact business in the State of Maryland through October, 1992.

THAT the Corporation transacted business in the State of Florida as a foreign corporation without a certificate of authority from August 15, 1983, through October, 1992.

> Notary Public, State of Florida My Commission Expires:



### 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 CURPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1.    | DONALD J. SA                                                                              | MMARCO, D.D.S.                                                                | Ρ.Λ.                                          |                                  |                            |             |                                         |
|-------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------|----------------------------|-------------|-----------------------------------------|
|       | (Name of corporation; mus<br>abbreviations of like import<br>or partnership if not so con | it include the word TNi<br>in language as will cle<br>tained in the name at p | CORPORATED<br>party indicate the<br>present.) | or, COMPANY<br>lat it is a corpo | CORPORA<br>pration instead | non or wo   | rds or<br>I person                      |
| 2.    | State of Maryla<br>State or country under the                                             | nd                                                                            | 3                                             | 52-10982                         | 13                         |             |                                         |
|       |                                                                                           |                                                                               |                                               |                                  |                            |             |                                         |
| 4.    | October 1, 1977<br>(Date of Incorporation                                                 | 5. <sub>_</sub>                                                               | Perpe                                         | tual                             |                            |             |                                         |
|       | (Date of Incorporation                                                                    | n)                                                                            | (Duration: \                                  | rear corp. will                  | cease to exist             | or perpetu  | al")                                    |
| 6.    | August, 1983                                                                              |                                                                               |                                               |                                  |                            |             |                                         |
| ٠.    | Date first transacted busine                                                              | ss in Florida. (See see                                                       | ctions 607,150                                | 1. 607.1502, ar                  | od 817.155. F.             | SJ          |                                         |
|       |                                                                                           |                                                                               |                                               | •                                |                            |             |                                         |
| /.    | 742 North Fer                                                                             | <u>n Creek Avenue</u>                                                         | <u></u>                                       |                                  |                            |             |                                         |
|       | Orlando, Flor                                                                             | 14- 22802                                                                     |                                               |                                  |                            | 9           | 3                                       |
| •     |                                                                                           | (Current mailing addre                                                        |                                               |                                  | -                          | C)          | SE                                      |
|       |                                                                                           | (Correct) maining addit                                                       | 255)                                          |                                  |                            | SEP         | 黑麗                                      |
| ٥     | Rendering dental                                                                          |                                                                               |                                               |                                  |                            |             | 유물고                                     |
| ٥. ـ  | Rendering dental (Purpose(s) of corporation                                               | services.                                                                     | tate or course                                | m be carried                     | out in the sta             | 10<br>      | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) |
|       | ( a. pood(a) a. oa. p a. oa.                                                              |                                                                               | , was or country                              | , m be conice                    | 00; 11; 019 506            |             | 기 원목다                                   |
| 9.    | Name and street ad                                                                        | drace of Florida r                                                            | edistared a                                   | cont:                            |                            | <del></del> | STA                                     |
| ٠.    | Hallie alla saccitati                                                                     | 41633 011 101134 1                                                            | egistereu a                                   | gent.                            |                            | <u>.</u>    | E E                                     |
|       | Name:                                                                                     | Ivan M. Lef                                                                   | kowitz                                        |                                  |                            | 4           | 瑟                                       |
|       |                                                                                           |                                                                               |                                               |                                  |                            |             |                                         |
|       | Office Address:                                                                           | 430 North M                                                                   | ills Aver                                     | nue                              |                            |             |                                         |
|       |                                                                                           |                                                                               |                                               |                                  |                            |             |                                         |
|       |                                                                                           | Orlando                                                                       |                                               | , Fi                             | orida ,                    | 32803       |                                         |
|       |                                                                                           |                                                                               |                                               |                                  | (                          | Zip Code)   |                                         |
|       |                                                                                           | ·                                                                             |                                               |                                  |                            |             |                                         |
| 10.   | Registered agent's                                                                        | acceptance:                                                                   |                                               |                                  |                            |             |                                         |
| Hav   | ing been named as re                                                                      | gistered agent and                                                            | d to accept :                                 | service of Di                    | rocess for t               | he above    | stated                                  |
| COM   | oration at the place                                                                      | desianated in this                                                            | application                                   | i. I hereby a                    | ccent the                  | annointm    | ant ac                                  |
| regi  | stered agent and agre                                                                     | e to act in this cap                                                          | acity. I furth                                | er agree to                      | comply wit                 | h the prov  | icione                                  |
| or a  | 'I statutes relative to t                                                                 | he proper and con                                                             | nolete perfoi                                 | rmance of n                      | ny duties, a               | nd I am fa  | amiliar                                 |
| WITH  | and accept the obliga                                                                     | tions of my position                                                          | on as registe                                 | red agent.                       |                            |             |                                         |
|       | < ~                                                                                       |                                                                               | 11/ 5                                         | <del></del>                      |                            |             |                                         |
|       |                                                                                           | an My                                                                         | (low                                          | ζ                                |                            |             |                                         |
|       |                                                                                           | (Registered agents                                                            | signature)                                    |                                  | <del>-</del> .             |             |                                         |
|       |                                                                                           | $\mathcal{O}$                                                                 |                                               | ι                                |                            |             |                                         |
| 11.   | Attached is a certification                                                               | ate of existence di                                                           | uly authentic                                 | ated, not m                      | nore than S                | O days pr   | rior to                                 |
| deliv | ery of this application t                                                                 | o the Department o                                                            | of State, by:                                 | the Secreta                      | ry of State                | or other o  | fficial                                 |
| Havir | g custody of corporate                                                                    | records in the juri                                                           | sdiction und                                  | ler the law o                    | of which it                | is incorpo  | rated.                                  |

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

| A.           | DIRECTORS                           |                                                                                      |  |  |
|--------------|-------------------------------------|--------------------------------------------------------------------------------------|--|--|
|              | Chairman:                           | DONALD J. SAMMARCO. D.D.S.                                                           |  |  |
|              | Address:                            | 742 North Forn Creek Avenue                                                          |  |  |
|              |                                     | Orlando, Florida 32803                                                               |  |  |
|              | Vipa Chair                          | nian:                                                                                |  |  |
|              | Address: _                          |                                                                                      |  |  |
|              |                                     |                                                                                      |  |  |
|              | Director: _                         | · · · · · · · · · · · · · · · · · · ·                                                |  |  |
|              | Address: _                          |                                                                                      |  |  |
|              | -                                   |                                                                                      |  |  |
|              |                                     |                                                                                      |  |  |
|              | Address: _                          |                                                                                      |  |  |
| D            | OFFICERS -                          |                                                                                      |  |  |
| ъ.           |                                     |                                                                                      |  |  |
|              | President: _                        | DONALD J. SAMMARCO, D.D.S.                                                           |  |  |
|              | Address:                            | 742 North Fern Creek Avenue                                                          |  |  |
|              | · <u>-</u>                          | Orlando, Florida 32803                                                               |  |  |
|              | Vice President:                     |                                                                                      |  |  |
|              | Address:                            |                                                                                      |  |  |
|              | •                                   |                                                                                      |  |  |
|              | Secretary:                          | DONALD J. SAMMARCO, D.D.S.                                                           |  |  |
|              | Address:                            | 742 North Fern Creek Avenue                                                          |  |  |
|              |                                     | Orlando, Florida 32803                                                               |  |  |
|              | Treasurer:                          | DONALD J. SAMMARCO, D.D.S.                                                           |  |  |
| •            | Address:                            | 742 North Fern Creek Avenue                                                          |  |  |
|              | -                                   | Orlando, Florida 32803                                                               |  |  |
| NOT<br>and/o | E: If necessary, you mor directors. | ay attach an addendum to the application listing additional officers                 |  |  |
| 13.          | Dona Str.                           | · ·                                                                                  |  |  |
|              | Signature of Chairman, Vice (       | ການເມັນ ເກັນປິ່ນ<br>Chairman, or any officer listed in number 12 of the application) |  |  |
| 1.4          | DONAID I * CA                       | MMARCO, D.D.S., President                                                            |  |  |
| 14.          | (Typed or printed name a            | nd capacity of person signing application)                                           |  |  |

## STATE OF MARYLAND

390051

## STATE DEPARTMENT OF ASSESSMENTS AND TAXATION

301 West Preston Street Baltimore, Maryland 21201

I, NANCY GRUENINGER OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HERBY CERTIFY THAT SAID DEPARTMENT, BY THE LAWS OF SAID STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATE CHARTERS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE; AND I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT DONALD J. SAMMARCO, D.D.S., P.A. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND SAID CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN THE STATE OF MARYLAND.

SECRETARY OF BTATE DIVISION OF CORPORATIONS
95 SEP 22 PM 1: 11



IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE THIS 13TH BAY OF SEPTEMBER, 1995.

NANCY GRUENINGER ADMINISTRATIVE OFFICER

AT5-031