

FI 00005487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

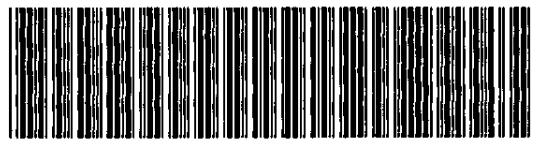
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TALLAHASSEE, FLORIDA

DEC 15 2010

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CAT CAY MEDICAL CLINIC FOUNDATION
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:

JOHN H. LAVELLE

Name of Person

LAVELLE & FINN, LLP

Firm/Company

29 BRITISH AMERICAN BLVD.

Address

LATHAM, NEW YORK 12110

City/State and Zip code

MARY@LAVELLEANDFINN.COM

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

For further information concerning this matter, please call:

JOHN H. LAVELLE at (518) 869-6227

Name of Person

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

November 18, 2010

JOHN H. LAVELLE
29 BRITISH AMERICAN BLVD
LATHAM, NY 12110

SUBJECT: CAT CAY MEDICAL CLINIC FOUNDATION, INC.
Ref. Number: W10000054241

We have received your document for CAT CAY MEDICAL CLINIC FOUNDATION, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Foreign Profit Corporation, but your entity is a Foreign Non-Profit Corporation. Please complete and return the enclosed blank form(s).

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) 245-6928.

Tim Burch
Regulatory Specialist II

Letter Number: 710A00027137

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. CAT CAY MEDICAL CLINIC FOUNDATION, INC.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. SOUTH CAROLINA 3. 20-5221502
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7/3/06 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 1050 LEE WAGENER BLVD., FT. LAUDERDALE, FL 33315
(Principal office address)

1050 LEE WAGENER BLVD., FT. LAUDERDALE, FL 33315
(Current mailing address)

8. NONPROFIT CORPORATION TO OPERATE A MEDICAL CLINIC IN BAHAMAS
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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


Name: JOSEPH L. POLLIO, JR.

Office Address: 1050 LEE WAGENER BLVD.

FT. LAUDERDALE, Florida 33315
(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)
Joseph L. Pollio, Jr.

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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: KEVIN HUTTON, M.D.

Address: 312 SOUTH CEDROS ISLAND
SOLANA BEACH, CA 92075

Vice Chairman: JOSEPH L. POLLIO, JR.

Address: 100 CAPE FLORIDA DRIVE
KEY BISCAVNE, FL 33149

Director: Elizabeth Pollio

Address: 100 CAPE FLORIDA DRIVE
KEY BISCAVNE, FL 33149

Director: Allen Davis

Address: 1050 Lee Wagener Blvd., #103
Ft. Lauderdale, FL 33315

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: KEVIN HUTTON, M.D.

Address: SAME AS ABOVE

Vice President: _____

Address: _____

Secretary: JOSEPH L. POLLIO, JR.

Address: SAME AS ABOVE

Treasurer: Fred McKinney

Address: 1050 Lee Wagener Blvd., #103, Ft. Lauderdale, FL 33315

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. Kevin Hutton

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

The State of South Carolina



2010 DEC 14 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office of Secretary of State Mark Hammond

Certificate of Existence, Non-Profit Corporation

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

CAT CAY MEDICAL CLINIC FOUNDATION, a Non-Profit Corporation duly organized under the laws of the State of South Carolina on July 3rd, 2006, has as of the date hereof filed as a non-profit corporation for religious, educational, social, fraternal, charitable, or other eleemosynary purpose, and has paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-31-1404 of the South Carolina code and that the non-profit corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
1st day of November, 2010.


Mark Hammond, Secretary of State