

F11000001459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

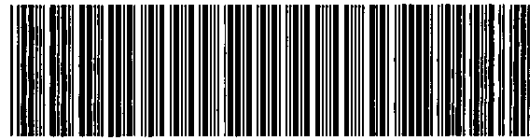
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400199791664

04/01/11--01016--020 \*\*70.00

FILED

11 APR -5 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PS 4/5/11



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 4, 2011

JOHN S BOHATCH, ESQ.  
GUTTENMACHER & BOHATCH, P.A.  
7301 SW 57TH COURT, SUITE 560  
SOUTH MIAMI, FL 33143

SUBJECT: SPINE SURGERY ASSOCIATES, INC.  
Ref. Number: W11000018891

We have received your document for SPINE SURGERY ASSOCIATES, 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):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The registered agent must sign accepting the designation.

Please correct #4 of the application to be consistent with the certificate.

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) 245-6901.

Pamela Smith  
Regulatory Specialist II

Letter Number: 411A00008060

**GUTTENMACHER & BOHATCH, P.A.**

**ATTORNEYS AT LAW**

JOHN S. BOHATCH  
EDWARD P. GUTTENMACHER  
KATALINA PEÑARANDA  
ERIC SATIN\*

PRACTICE LIMITED TO  
PROBATE, ESTATE PLANNING,  
BUSINESS PLANNING & TAXATION

\*LL.M. TAXATION

WEALTH PLANNING &  
TRANSACTIONAL ALLIANCE  
WITH ADAMS GALLINAR, P.A.

7301 SOUTHWEST 57TH COURT  
SUITE 560  
SOUTH MIAMI, FLORIDA 33143

TELEPHONE (305) 666-1040  
TELEFAX (305) 666-1020  
E-MAIL Law@GBTaxLaw.com

**KEY WEST OFFICE**

GULFVIEW POINTE  
2647 GULFVIEW DRIVE  
KEY WEST, FLORIDA 33040

TELEPHONE (305) 294-1521  
TELEFAX (305) 292-4016

PLEASE REPLY TO:  
SOUTH MIAMI

March 21, 2011

**Via Certified Mail—**  
**Return Receipt Requested**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**RE: Spine Surgery Associates, Inc.**

To Whom It May Concern:

Enclosed for filing please find an Application by a Foreign Corporation for Authorization to Transact Business in Florida for the above referenced California Corporation. Accordingly, enclosed please find a Certificate of Good Standing from the State of California and a check in the amount of \$70.00 representing the filing fee for such.

Once filed, please return confirmation to our office in the self-addressed stamped envelope provided herein.

Should you have any questions, please do not hesitate to contact our office.

Sincerely,

GUTTENMACHER & BOHATCH, P.A.

  
KATALINA PEÑARANDA, ESQ.

KP/jdf  
Encl.

## COVER LETTER

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

**SUBJECT:** SPINE SURGERY ASSOCIATES, INC.

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 S. BOHATCH, ESQ.

Name of Person

GUTTENMACHER & BOHATCH, P.A.

Firm/Company

7301 SW 57TH COURT, SUITE 560

Address

SOUTH MIAMI, FLORIDA 33143

City/State and Zip code

LAW@GBTAXLAW.COM

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

For further information concerning this matter, please call:

JOHN S. BOHATCH, ESQ. at ( 305 ) 666-1040

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

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. SPINE SURGERY ASSOCIATES, INC.

(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. CALIFORNIA

(State or country under the law of which it is incorporated)

3. \_\_\_\_\_

(FBI number, if applicable)

4. 7/24/1991

(Date of incorporation)

5. Perpetual

(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. 14694 PALMWOOD ROAD, PALM BEACH, FL. 33140

(Principal office address)

SAME AS PRINCIPAL

(Current mailing address)

8. Any and all lawful business

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: G.B & B-B REGISTRIES, LLC

Office Address: 7301 SW 57TH CT. #560

SOUTH MIAMI

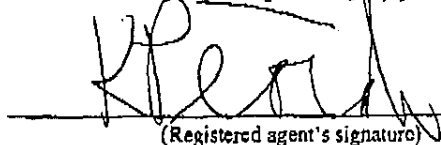
(City)

, Florida 33143

(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)

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.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR - 5 PM 3:38

FILED

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

**A. DIRECTORS**

Chairman: PASQUALE X. MONTESANO

Address: 14694 PALMWOOD ROAD, PALM BEACH, FLORIDA 33140

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

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

Director: PASQUALE X. MONTESANO

Address: 14694 PALMWOOD ROAD, PALM BEACH, FLORIDA 33140

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

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

**B. OFFICERS**

President: \_\_\_\_\_

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

Vice President: \_\_\_\_\_

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

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

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

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

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

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

13. *Pasquale X. Montesano*

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. PASQUALE X. MONTESANO

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

FILED  
APR -5 PM 3:38  
TALAMON, FLORIDA  
SECRETARY OF STATE

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

ENTITY NAME:

SPINE SURGERY ASSOCIATES, INC.

FILE NUMBER: C1692577  
FORMATION DATE: 07/24/1991  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

FILED  
APR -5 PM 3:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of February 15, 2011.

*Debra Bowen*

DEBRA BOWEN  
Secretary of State