

3/30/2020

Division of Corporations

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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

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FOREIGN PROFIT/NONPROFIT CORPORATION

Proton Therapy Consortium

Certificate of Status	0
Certified Copy	1
Page Count	05
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Requesting original filing date of

3/30/2020

Electronic Filing Menu

Corporate Filing Menu

Help
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APR 06 2020

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. Proton Therapy Consortium, a non-profit Corporation

(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.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

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

4. 04/15/2010 5. (Date of incorporation) (Date of duration, if other than 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. 401 Massachusetts Ave., NW Suite 1105, Washington DC 20001
(Principal office street address)

PO Box 96 #503 S 51874, Washington DC 20090-6503
(Current mailing address, if different)

8. Operational, business and regulatory oversight to cancer treatment centers that offer proton beam therapy
(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: CTCorporationSystem

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

By: Madonna Cuddihy (Registered agent's signature)
CTCorporationSystem
Madonna Cuddihy
Assistant Secretary

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.

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

A. DIRECTORS

☐ Chairman Name: SEE ATTACHED LIST

☐ 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: _____

☐ 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: _____

NOTE: 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.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Vickie L. Miller, Board Chair
(Typed or printed name and capacity of person signing application)

Officers & Directors

Officers			
Board Chair	Treasurer	Secretary	
Vickie Miller 5577 E. Mayo Blvd Operations Administration MCB PHX 1st floor Phoenix, AZ 85054	Abram Gordon 7777 Yankee Road Liberty Twnshp, OH 45044	Stuart L. Klein 2015 North Jefferson Street Jacksonville, FL 32206	
Directors			
Dr. Jeffrey Bradley 615 Peachtree St NE Atlanta, Georgia 30322	Dr. Andrew Chang 9730 Summers Ridge Rd. San Diego, CA 92121	Dr. J. Isabelle Choi 225 East 126th Street New York, NY 10035	Annika Andrews 1570 N 115th St., Seattle, WA 98133
Yoly Magana 11234 Anderson Street Loma Linda, CA 92354	Chris Chandler 5280 Linton Blvd. Delray Beach, FL 33484	Kristin Morris 8900 North Kendall Drive Miami, Florida 33176	Fern Nibauer-Cohen 3400 Civic Center Blvd Philadelphia, PA 19104
Dr. Steven Frank 1840 Old Spanish Trail Houston, TX 77054	Dr. James Gray 4588 Carothers Parkway Franklin, TN 37067	Keith Gregory 8081 Innovation Park Drive Fairfax, VA 22031	Jerry Rymar 103 Cedar Grove Lane Somerset, New Jersey 08873
JJ Vitale 10881 San Jose Boulevard Jacksonville, Florida 32223	Katina Wood 615 Peachtree St NE Atlanta, Georgia 30322		

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Ruth R. Hughes
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Proton Therapy Consortium (file number 801253083), a Domestic Nonprofit Corporation, was filed in this office on April 07, 2010.

It is further certified that the entity status in Texas is in existence.

Delayed Effective date: April 15, 2010

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 30, 2020.



A handwritten signature in black ink, appearing to read "Ruth R. Hughes".

Ruth R. Hughes
Secretary of State

850-617-6381

4/1/2020 4:54:34 PM PAGE 1/001 Fax Server



April 1, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: PROTON THERAPY
REF: W20000034279

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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.

Sharon D Franklin
Regulatory Specialist II

FAX Aud. #: H20000096479
Letter Number: 220A00007139