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March 15, 2000

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Qualification/Tax Lien Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

W-7939

Re: Family Neurology Associates, P.C.

Dear Sir or Madam:

This letter is for the purpose of applying for authorization to do business in the State of Florida. Toward the end, please find enclosed the following documents:

1. Transmittal Letter
2. Application by Foreign Corporation for Authorization to Transact Business in Florida
3. U.S. Postal Money Order # 84559433951 in the amount of \$70.00 and payable to Florida Secretary of State, as filing fee in this matter.

Would you please send any correspondence, certificates, or other documents or requests to me at the above address and I will deliver them to Dr. Riaz.

Thank you for your cooperation in this matter.

Sincerely,

Harry C. Smith
Harry C. Smith

FILED
APR -6 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

encl:

cc: Shahid Riaz, M.D.

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TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: FAMILY NEUROLOGY ASSOCIATES P.C.
(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", 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:

SHAHID RIAZ MD
(Name of Person)

FAMILY NEUROLOGY ASSOCIATES P.C.
(Firm/Company)

P. O. BOX 325
(Address)

GONZALEZ FL 32560-0325
(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SHAHID RIAZ at (334) 446-8741
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien 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

Katherine Harris
Secretary of State

March 24, 2000

HARRY C. SMITH
216 COURTHOUSE SQUARE, STE 12
BAY MINETTE, AL 36507

SUBJECT: FAMILY NEUROLOGY ASSOCIATES P.C.
Ref. Number: W00000007939

We have received your document for FAMILY NEUROLOGY ASSOCIATES P.C. 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 date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

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.

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) 487-6097.

Michael Mays
Document Specialist

Letter Number: 600A00016439


**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. FAMILY NEUROLOGY ASSOCIATES P.C
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "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.)
2. AL 3. -
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. FEB 1ST, 2000 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. P. O. BOX 325
GONZALEZ FL 32560-0325
(Current mailing address)
8. PHYSICIAN OFFICE
(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 or Mail Drop Box NOT acceptable)
- Name: SHAHID RIAZ MD
- Office Address: 221- SOUTH ALABAMA STREET
JAY, Florida, 32565
(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.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

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00 APR -6 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: SHAHID RIAZ MD

Address: 221- SOUTH ALABAMA STREET
JAY FL 32565

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: SHAHID RIAZ MD

Address: 221- SOUTH ALABAMA STREET
JAY FLORIDA 32565.

Vice President: _____

Address: _____

Secretary: _____

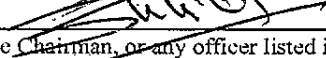
Address: _____

Treasurer: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

14. SHAHID RIAZ CHAIRMAN
(Typed or printed name and capacity of person signing application)

STATE OF ALABAMA

I, Jim Bennett, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporation records on file in this office disclose that Family Neurology Associates, P.C. incorporated in Escambia County, Atmore, Alabama on February 1, 2000. I further certify that the records do not disclose that said Family Neurology Associates, P.C. has been dissolved.

FILED
00 APR -6 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

February 18, 2000

Date

Jim Bennett

Jim Bennett

Secretary of State