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TRANSMITTAL LETTER

To: Registration Section
Division of Corporations

SUBJECT: Stefanik Chiropractic, 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:

100003360881--0
-08/17/00--01071--002
*****87.50 *****87.50

DR. Kimberly R. Stefanik
(Name of Person)

Stefanik Chiropractic, P.C.
(Firm/Company)

941 Lyons Road #5204
(Address)

Coconut Creek, FL 33063
(City/State/Zip)

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

DR. Kimberly Stefanik at 954-917-1198 Home
(Name of Person) (Area Code & Daytime Telephone Number)
(954) 415-6757 Cell

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00 AUG 17 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration 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. Stefanik Chiropractic, 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. Pennsylvania 3. 2943981
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. May 26, 2000 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. July 1, 2000
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. a. 9770 West Sample Road, Coral Springs, FL 33065
(Principal office address)
b. 941 Lyons Road, #5204 Coconut Creek, FL 33063
(Current mailing address)
8. Chiropractic 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: DR. Kimberly R. Stefanik, D.C.
Office Address: 941 Lyons Rd. #5204
Coconut Creek, Florida 33063
(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.

Kimberly R. Stefanik, D.C.
(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: DR. KIMBERLY R. STEFANIK

Address: 941 Lyons Road #5204
Coconut Creek, FL 33063

Vice Chairman: Same

Address: _____

Director: Same

Address: _____

Director: Same

Address: _____

B. OFFICERS

President: DR. KIMBERLY R. STEFANIK

Address: 941 Lyons Road #5204
Coconut Creek, FL 33063

Vice President: Same

Address: _____

Secretary: Same

Address: _____

Treasurer: Same

Address: _____

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TALLAHASSEE, FLORIDA

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

13. Kimberly R. Stefanik, D.C.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Kimberly R. Stefanik, D.C.
(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

AUGUST 01, 2000

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

STEFANIK CHIROPRACTIC, P.C.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of the office show, as of the date herein.

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TALLAHASSEE, FLORIDA



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Kim Duggan

Secretary of the Commonwealth

JSOW