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TRANSMITTAL LETTER

To: Registration Section
Division of Corporations

SUBJECT: MEDICAL DIRECTOR, 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", 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: 100003530501--9
-01/10/01--01011--002
*****87.50 *****87.50

EITAN DUB
(Name of Person)
MEDICAL DIRECTOR, INC.
(Firm/Company)
104 MIDLAND AVENUE
(Address)
PORT CHESTER, NY 10573
(City/State/Zip)

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

FRIEDA S. DUB at (914) 933-2787
(Name of Person) (Area Code & Daytime Telephone Number)

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00 JAN -9 AM 10:17
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

4/11/11

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. MEDICAL DIRECTOR, INC
(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. NEW YORK 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. JULY 12, 1994 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. AUG. 17, 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. 104 MIDLAND AVE., PORT CHESTER, NY 10573
(Principal office address)
- b. 104 MIDLAND AVE., PORT CHESTER, NY 10573
(Current mailing address)
8. MEDICAL OFFICE MANAGEMENT COMPUTER SYSTEMS AND SERVICES
(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: GABI ENGELS - LORA
- Office Address: 2500 E. HALLANDALE BEACH BLVD., SUITE 707L
HALLANDALE BEACH, Florida 33009
(Zip code)

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TALLAHASSEE, FLORIDA

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.

Gabi Engels-Lora
(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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: EITAN DUB

Address: 980 WILMOT RD
SCARSDALE, NY 10583

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: EITAN DUB

Address: 980 WILMOT RD
SCARSDALE, NY 10583

Vice President: ADAM D. DUB

Address: 100 E. HARTSDALE AVE, APT 2CW
HARTSDALE, NY 10530

Secretary: FRIEDA S. DUB

Address: 980 WILMOT RD.
SCARSDALE, NY 10583

Treasurer: SAME

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. Eitan Dub

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

14. EITAN DUB

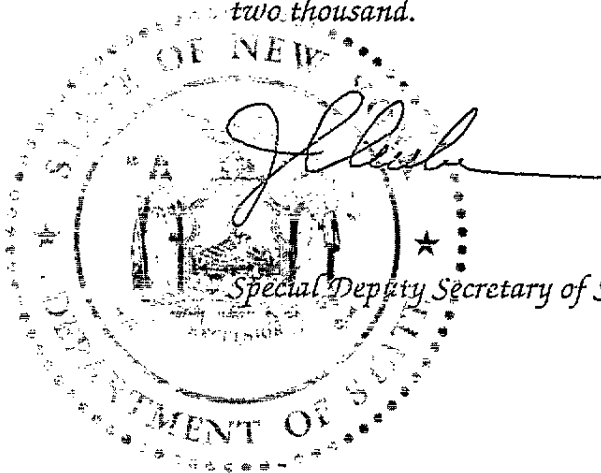
(Typed or printed name and capacity of person signing application)

State of New York } ss:
Department of State

I hereby certify, that the Certificate of Incorporation of MEDICAL DIRECTOR, INC. was filed on 07/12/1994, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

The Biennial Statement is past due.

Witness my hand and the official seal
of the Department of State at the City
of Albany, this 05th day of December
two thousand.



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00 JAN -9 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA