

FOI 000000 2036

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ISLAND PHYSICIANS, 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:

MICHAEL A. TORRES, MD, FAAP  
(Name of Person)

ISLAND PHYSICIANS  
(Firm/Company)

5875 SOUTH TRANSIT RD.  
(Address)

LOCKPORT NY 14094  
(City/State and Zip code)

400003910754--1  
-03/26/01-01151-013  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

For further information concerning this matter, please call:

DAVID W. J. DELORONZO at 716, 433-7730  
(Name of Person) (Area Code & Daytime Telephone Number)

Wol-7624

**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

FILED  
01 APR 17 PM 3:08  
TALLAHASSEE, FL

mt  
4/17



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

March 28, 2001

MICHAEL A TORRES  
5875 SOUTH TRANSIT RD.  
LOCKPORT, NY 14094

SUBJECT: ISLAND PHYSICIAN, P.C.  
Ref. Number: W01000007024

We have received your document for ISLAND PHYSICIAN, P.C. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, 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: 101A00018658

FILED

01 APR 17 PM 8 09

**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. ISLAND PHYSICIAN, 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. NEW YORK, USA  
(State or country under the law of which it is incorporated)
3. 16-1485840  
(FEI number, if applicable)
4. APRIL 5, 1995  
(Date of incorporation)
5. PERPETUAL  
(Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION  
(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. 5875 SOUTH TRANSIT ROAD, LOCKPORT, NY 14094  
(Principal office address)  
5875 SOUTH TRANSIT ROAD, LOCKPORT, NY 14094  
(Current mailing address)
8. PHYSICIAN STAFFING AS CONTRACTOR OF VETERANS ADMINISTRATION HOSPITAL  
(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: DAVID J. DELORENZO  
Office Address: 4900 BRITTANY DR. S.  
ST. PETERSBURG, Florida 33715  
(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.*

David J. DeLorenzo  
(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: MICHAEL TORRES, MD

Address: 5875 SOUTH TRANSIT RD.

LOCKPORT, NY 14094

Vice Chairman: RAMIN SAMADI, MD

Address: 7005 ORCHARD HILL COURT

COLLEESVILLE, TX 76034

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

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

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

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

B. OFFICERS

President: MICHAEL TORRES, MD

Address: 5875 SOUTH TRANSIT RD.

LOCKPORT, NY 14094

Vice President: RAMIN SAMADI, MD

Address: 7005 ORCHARD HILL COURT

COLLEESVILLE, TX 76034

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

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

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

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

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

13. Michael A. Torres, MD

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

14. MICHAEL A TORRES, MD PRESIDENT AND CHAIRMAN

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

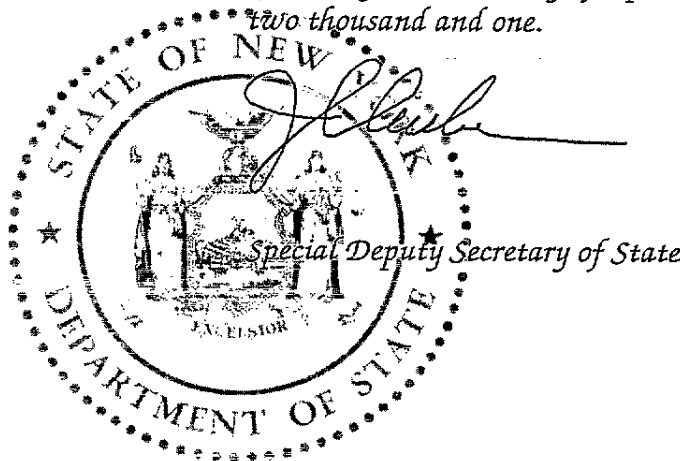
**State of New York** } ss:  
**Department of State**

I hereby certify, that the Certificate of Incorporation of ISLAND PHYSICIAN, P.C. was filed on 07/10/1995, 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 03rd day of April  
two thousand and one.



200104040009 38

RECEIVED  
FBI NEW YORK  
APR 17 2001

01 APR 17 PM 8 09

FILED