

F04000003045

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W04-19594



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05/27/04--01064--013 **8450.00

FILED
04 MAY 27 AM 9:47
TALLAHASSEE, FL
SECURITY

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Medical Specialists, 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:

Nivka Cid
(Name of Person)
Florida Medical Specialists, Inc
(Firm/Company)
1700 N.W. 66th Avenue Suite 101
(Address)
Plantation Florida 33313
(City/State and Zip code)

For further information concerning this matter, please call:

Nivka Cid at 954, 476-3130
(Name of Person) (Area Code & Daytime Telephone Number)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAY 27 AM 9:47

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 20, 2004

NIVRKA CID
1700 N.W. 66TH AVENUE STE. 101
PLANTATION, FL 33313

SUBJECT: FLORIDA MEDICAL SPECIALISTS, INC
Ref. Number: W04000019594

We have received your document for FLORIDA MEDICAL SPECIALISTS, INC and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$3450.00.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 204A00035710

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAY 27 AM 9:47

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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. Florida Medical Specialists, Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. New Jersey 3. 65-0149635
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/3/89 5. _____
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 2001
(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. 1700 N.W. 66th Avenue Plantation, FL 33323
(Principal office address)
9 Grand Cove Way Edgewater, NJ 07020
(Current mailing address)

8. To provide administrative 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: Niruka Cid

Office Address: 1247 SW 8th Terrace
Plantation, Florida 33324
(City) (Zip code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAY 27 AM 9:47

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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 business addresses of officers and/or directors:

Niruka Cid 1700 N.W. 66th Avenue Plantation, FL 33323
Susan Kaplan 2 Executive Drive, Ft Lee, NJ 07024

A. DIRECTORS

Chairman: Lisa Principato
Address: 9 Bush Hill Road
New Fairfield, Ct 06812

Vice Chairman: _____

Address: _____

Director: Nirka Cid

Address: 1247 SW 87 Terrace
Plantation Fl 33324

Director: Susan Kaplan

Address: 9 Grand Cone Way
Edgewater NJ 07020

B. OFFICERS

President: Nirka Cid

Address: 1247 SW 87th Terrace
Plantation Florida 33324

Vice President: _____

Address: _____

Secretary: Susan Kaplan

Address: 9 Grand Cone Way
Edgewater, NJ 07020

Treasurer: _____

Address: _____

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

13. [Signature]
(Signature of Director or Officer listed in number 12 of the application)

14. Nirka Cid - President
(Typed or printed name and capacity of person signing application)

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04 MAY 27 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

FLORIDA MEDICAL SPECIALISTS, INC.

100430388

With the Previous or Alternate Name

MARQUIS MEDICAL ADMINISTRATORS (Alternate Name)

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on October 3, 1989.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

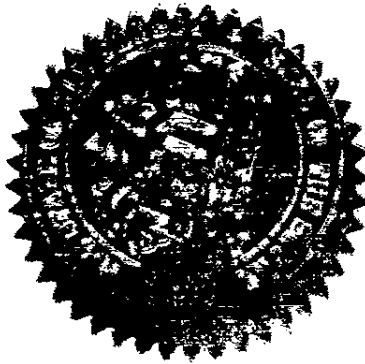
I further certify that the registered agent and registered office are:

*Susan Kaplan
9 Grand Cove Way
Edgewater, NJ 07020 0000*

Continued on next page . . .

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

FLORIDA MEDICAL SPECIALISTS, INC.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
27th day of April, 2004

A handwritten signature in cursive script, reading "John E. McCormac".

John E McCormac, CPA
State Treasurer