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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Amelia Ear, Nose + Throat, 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:

William Bauer, M.D.  
(Name of Person)  
Peachtree Ear, Nose + Throat, P.C.  
(Firm/Company)  
58 Hospital Rd Ste 204  
(Address)  
Newnan, GA 30263  
(City/State and Zip code)

For further information concerning this matter, please call:

William Bauer, MD at 770, 253-1139  
(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

10/25/04 13:09

# **- 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. Amelia Ear, Nose & Throat, P.C.

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

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

2. Georgia

(State or country under the law of which it is incorporated)

3. 58-2037953

(FEI number, if applicable)

4. 2/15/1993

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6.

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1340 South 18th Street Ste 102 Fernandina Beach, FL 32034

(Principal office address)

Peachtree Ear, Nose & Throat 58 Hospital Rd Ste 204 Newnan, GA 30263

(Current mailing address)

8. medical practice

(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 NOT acceptable)

Name: William Bauer, MD

Office Address: 1340 South 18th Street Ste 102

Fernandina Beach, Florida 32034

(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.

X/M/O  
(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: William Bauer, M.D.Address: 4602 Carlton Dunes Drive Unit 6  
Fernandina Beach, FL 32034Vice Chairman: William Bauer, M.D.Address: 4602 Carlton Dunes Dr Unit 6  
Fernandina Beach, FL 32034Director: William Bauer, M.D.Address: 4602 Carlton Dunes Drive Unit 6  
Fernandina Beach, FL 32034Director: William Bauer, M.D.Address: 4602 Carlton Dunes Drive Unit 6  
Fernandina Beach, FL 32034**B. OFFICERS**President: William Bauer, M.D.Address: 4602 Carlton Dunes Drive Unit 6  
Fernandina Beach, FL 32034Vice President: William Bauer, M.D.Address: 4602 Carlton Dunes Drive Unit 6  
Fernandina Beach, FL 32034Secretary: William Bauer, M.D.Address: 4602 Carlton Dunes Drive Unit 6 Fernandina BeachTreasurer: William Bauer, M.D.Address: 4602 Carlton Dunes Dr. Unit 6 Fernandina Beach, FL 32034

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. William Bauer, M.D.  
(Typed or printed name and capacity of person signing application)

**Secretary of State**  
**Corporations Division**  
**315 West Tower**  
**#2 Martin Luther King, Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

DOCKET NUMBER : 043210156  
CONTROL NUMBER : K305693  
DATE INC/AUTH/FILED: 02/15/1993  
JURISDICTION : GEORGIA  
PRINT DATE : 11/16/2004  
FORM NUMBER : 211

AMELIA EAR, NOSE & THROAT, P.C.  
JANE HYDE FOR WILLIAM BAUER, M.D.  
58 HOSPITAL RD., STE. 204  
NEWMAN, GA 302631230

**CERTIFICATE OF EXISTENCE**

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**AMELIA EAR, NOSE & THROAT, P.C.**  
**A PROFESSIONAL CORPORATION**

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



*Cathy Cox*

Cathy Cox  
Secretary of State