

F04000006896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

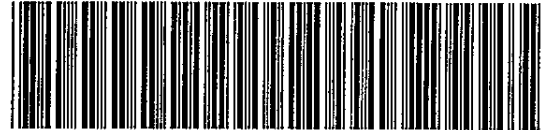
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600042820386

11/24/04--01029--012 **87.50

2004 NOV 24 PM 4: 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Industrial Medicine Associates, 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:

David Pulver, M.D.
(Name of Person)
Industrial Medicine Associates, P.C.
(Firm/Company)
280 DOBBS Ferry Road
(Address)
White Plains, New York 10607
(City/State and Zip code)

For further information concerning this matter, please call:

Andrew OTTERMAN at (914) 323 - 0342
(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 Certificate of Status & Certified Copy

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 NOV 24 PM 4: 16

FILED

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. Indusmiac Medicine Associates, P.C.
(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 York 3. 13-3594030
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. December 6, 1990 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 280 DOBBS FERRY ROAD, WHITE PLAINS, NY 10607
(Principal office address)

280 DOBBS FERRY ROAD, WHITE PLAINS, NY 10607
(Current mailing address)

8. Provide medical 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 NOT acceptable)

Name: FORM-A-CORP LLC

Office Address: 100 Village Square Crossing #103

PALM BEACH GARDENS, Florida 33410-4531
(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.

By: [Signature] (Stephen Levy, Manager)
(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:

2004 NOV 24 4:16 PM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

A. DIRECTORS

Chairman: DAVID Pulver, M.D.

Address: 280 DOBBS Ferry ROAD.
White Plains, NY 10607

Vice Chairman: _____

Address: _____

Director: David Pulver, M.D.

Address: 280 DOBBS Ferry ROAD.
White Plains, NY 10607

Director: Anyeh KLAHR, M.D.

Address: 280 DOBBS Ferry ROAD 6
White Plains, N.Y 10607

B. OFFICERS

President: DAVID Pulver, M.D.

Address: 280 DOBBS Ferry ROAD
White Plains, NY 10607

Vice President: Anyeh KLAHR, M.D.

Address: 280 DOBBS Ferry ROAD
White Plains, NY 10607

Secretary: Anyeh KLAHR, M.D.

Address: 280 DOBBS Ferry ROAD, White Plains, NY 10607

Treasurer: Anyeh KLAHR, M.D.

Address: 280 DOBBS Ferry ROAD, White Plains, NY 10607

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

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. DAVID Pulver, M.D., President

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

FILED
 2008 NOV 24 PM 4:16
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

I hereby certify, that the Certificate of Incorporation of INDUSTRIAL MEDICINE ASSOCIATES, P.C. was filed on 07/10/1990, under the name of INDUSTRIAL MEDICINE, P.C., 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.

A Certificate of Amendment INDUSTRIAL MEDICINE, P.C., changing its name to INDUSTRIAL MEDICINE ASSOCIATES, P.C., was filed 12/06/1990.

The Biennial Statement is past due.

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 18th day of November
two thousand and four.*



Secretary of State

200411190217 41