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FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CARLOS R. ESTRADA MD, 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:

Carlos R. Estrada, M.D.

(Name of Person)

CARLOS R. ESTRADA, MD, INC

(Firm/Company)

770 Claughton Island Dr. # 914

(Address)

Miami, Florida 33131

(City/State and Zip code)

For further information concerning this matter, please call:

Carlos R. Estrada

(Name of Person)

at ( 305 ) 785-9083

(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

RECEIVED  
TALLAHASSEE  
JUN 12 P 3 51

**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.*

CARLOS R ESTRADA MD, INC

1.

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

CARLOS R. ESTRADA, MD, PA

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

2.

Ohio, USA

3.

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

(FEI number, if applicable)

4.

May 07, 1996

5.

"perpetual"

(Date of incorporation)

(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.

770 Claughton Island Dr. # 914, Miami, Florida 33131

(Principal office address)

P. O. Box 31-0488, Miami, Florida 33231-0488

(Current mailing address)

8.

To conduct Medical Practice as Incorporated

(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: Nieves A. Estrada

Office Address: 770 Claughton Island Dr. # 914

Miami

(City)

, Florida 33131

(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.*



(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:

Carlos R. Estrada, M.D. President

770 Claughton Island Dr. # 914, Miami, FL 33131

**A. DIRECTORS**

Chairman: Carlos R. Estrada, M.D.

Address: 770 Claughton Island Dr. # 914  
Miami, Fl 33131

Vice Chairman: \_\_\_\_\_

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

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

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

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

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

**B. OFFICERS**

President: Carlos R. Estrada, M. D.

Address: 770 Claughton Island Dr. # 914  
Miami, Fl 33131

Vice President: \_\_\_\_\_

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

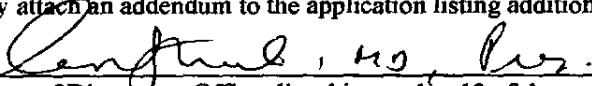
Secretary: Carlos R. Estrada, M. D.

Address: 770 Claughton Island Dr. # 914, Miami, Fl 33131

Treasurer: Carlos R. Estrada, M. D.

Address: 770 Claughton Island Dr. # 914, Miami, Fl 33131

**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. Carlos R. Estrada, M. D. , President  
(Typed or printed name and capacity of person signing application)

**UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE**

*I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show CARLOS R. ESTRADA M.D., INC., an Ohio Professional Corporation, Charter No. 940490, having its principal location in Warren, County of Trumbull, was incorporated on May 07, 1996, and is currently in GOOD STANDING upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 28th day of June, A.D. 2005.*

*J. Kenneth Blackwell*  
Ohio Secretary of State

**\*200517801872\***

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/28/2005	200517801872	ANNUAL REPORT OF PROFESSIONAL CORP (04A)	25.00	100.00	.00	.00	.00

**Receipt**

This is not a bill. Please do not remit payment.

CARLOS R. ESTRADA MD  
770 CLAUGHTON ISLAND DR.  
APT. 914  
MIAMI, FL 33131

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, J. Kenneth Blackwell**

**940490**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**CARLOS R. ESTRADA M.D., INC.**

and, that said business records show the filing and recording of

Document(s):

**ANNUAL REPORT OF PROFESSIONAL CORP**

Document No(s):

**200517801872**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 27th day of June, A.D. 2005.

*J. Kenneth Blackwell*  
Ohio Secretary of State