

F05000005/01

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

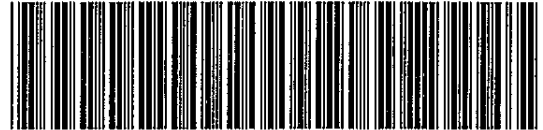
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN AUG 31 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Northeast Indiana UROLOGY, PC
(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:

Peg DRACH
(Name of Person)
UROPATH, LLC
(Firm/Company)
3355 Clark Road
(Address)
SARASOTA, FL 34231
(City/State and Zip code)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Peg DRACH at (941) 309-7284
(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

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. Northeast Indiana Urology, PC (Corporation)
(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. INDIANA 3. 35-1754711
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/5/88 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. 2512 Dupont Road, Suite 100, Fort Wayne, IN 46845
(Principal office address)
- 3355 Clark Rd, Suite C, Sarasota, FL 34231
(Current mailing address)

8. Ancillary site - Laboratory processing of urological
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
Cytology & Histology specimens & pathologist interpretation.
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Reg DRACH

Office Address:

3355 CLARK Road

SARASOTA

(City)

, Florida 34231

(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.

Reg Drach
(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: _____

Address: please see attached

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: please see attached

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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 L. POLLIFRONE

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

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS FLORIDA

12a. John Brinkman, M.D.-	Board of Director
Thomas Koerner, M.D.	Board of Director
Thomas Nill, M.D.	Board of Director
David Pollifrone, M.D.	Board of Director
Christopher Steidle, M.D.	Board of Director
Theodore Wagner III, M.D.	Board of Director

Address: 2512 E. Dupont Rd
Fort Wayne, IN 46825

12b. John Brinkman, M.D.-	
Thomas Koerner, M.D.	
Thomas Nill, M.D.	
David Pollifrone, M.D.	President
Christopher Steidle, M.D.	Vice President
Theodore Wagner III, M.D.	

Address: 2512 E. Dupont Rd
Fort Wayne, IN 46825

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TALLAHASSEE, FLORIDA

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

To Whom These Presents Come, Greetings:

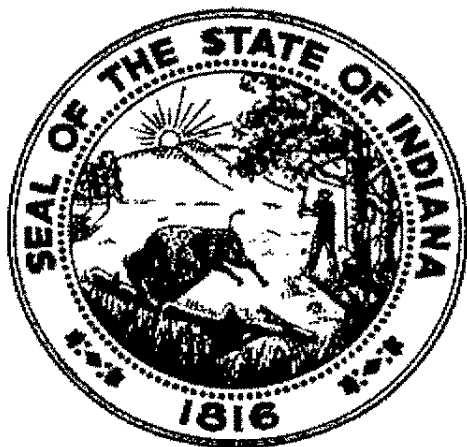
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

NORTHEAST INDIANA UROLOGY, P.C.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on December 05, 1988, and was in existence or authorized to transact business in the State of Indiana on August 04, 2005.

I further certify this Domestic Professional Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Fourth Day of August, 2005 .

A handwritten signature in black ink that reads "Todd Rokita".

TODD ROKITA, Secretary of State

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