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06 MAR 22 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Stephen Leonard, M.D., Professional Corporation
(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:

Donna Kimmerly

(Name of Person)

Hair Club

(Firm/Company)

1515 S. Federal Highway, Suite 401

(Address)

Boca Raton, FL 33432

(City/State and Zip code)

For further information concerning this matter, please call:

Donna Kimmerly

(Name of Person)

at (561) 361.7600 xt 3232

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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

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06 MAR 22 PM 1:08

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED FOR STATE
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. Stephen Leonard, M.D., Professional 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. Georgia

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

3. 20-3827359

(FEI number, if applicable)

4. 11/14/05

(Date of incorporation)

5. Perpetual

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

6. Upon Qualification

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2110 Powers Ferry Road, Suite 300, Atlanta, GA 30339

(Principal office address)

1515 S. Federal Hwy, Ste 401, Boca Raton, FL 33432

(Current mailing address)

8. Practice the profession of medicine and surgery, and other lawful

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) activities

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Corporation Service Company

Office Address:

1201 Hays Street

Tallahassee

(City)

, Florida 32301

(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.

See attached

(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

D.

Chairman: Stephen Leonard, M.D.

Address: 2110 Powers Ferry Road, Suite 300, Atlanta, GA 30339

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

D.

President: Stephen Leonard, M.D.

Address: 2110 Powers Ferry Road, Suite 300, Atlanta, GA 30339

Vice President: _____

Address: _____

Secretary: _____

D.
Stephen Leonard, M.D.

Address: 2110 Powers Ferry Road, Suite 300, Atlanta, GA 30339

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. Stephen Leonard, M.D., President

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

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06 MAR 22 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

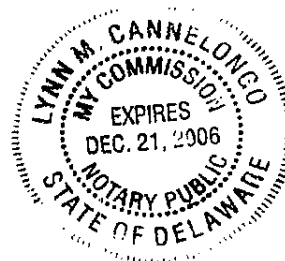
AGENT AFFIDAVIT AND ACKNOWLEDGEMENT OF ACCEPTANCE

I hereby acknowledge and accept the appointment of registered agent(s) for and on behalf of Stephen Leonard, M.D., Professional Corporation.

Corporation Service Company
Registered Agent (s)
Georgia Byron
Georgia Byron
Assistant Secretary

Sworn to and subscribed before me on this 14th day of March, 2006.

Lynn CanneLongo
Lynn CanneLongo, Notary Public



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

CONTROL NUMBER : 0576601
DATE INC/AUTH/FILED: 11/14/2005
JURISDICTION : GEORGIA
PRINT DATE : 03/14/2006
FORM NUMBER : 211

INCORPORATING SERVICES, LTD.
BEVERLY O. PORTER
3500 S. DUPONT HWY.
DOVER, DE 19901

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 as of the above print date

STEPHEN BEONARD, M.D., PROFESSIONAL CORPORATION
A PROFESSIONAL CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date 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 print date above. 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 information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and 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.

20060314182214247



Cathy Cox

Cathy Cox
Secretary of State