

FO60000003324

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Natalie D. Misa GAVE
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DATE 5/8/06
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734

\$1150.00

606-15550



200068821442

03/30/06--01032--001 **70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature] 5/8/06

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Natalie M. DiMisa, Psy.D., 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:

Natalie M. DiMisa, Psy.D., P.C.
(Name of Person)

Natalie M. DiMisa, Psy.D., P.C.
(Firm/Company)

2705 W. Jetton Ave.
(Address)

Tampa, FL. 33629
(City/State and Zip code)

For further information concerning this matter, please call:

Natalie M. DiMisa at (813) 215-8449
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 MAY - 1 11 3:26

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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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 31, 2006

NATALIE M. DIMISA, PSY.D.
2705 W. JETTON AVENUE
TAMPA, FL 33629

SUBJECT: NATALIE M. DIMISA, PSY.D., P.C.
Ref. Number: W06000015550

We have received your document for NATALIE M. DIMISA, PSY.D., P.C. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0802 or 617.0802, Florida Statutes, requires directors to be natural persons 18 years old or older.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1150.00.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Document Specialist
New Filing Section

Letter Number: 506A00022107

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. Natalie M. DiMisa Psy.D., 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. GEORGIA 3. 58-2536528
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/13/2000 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 3/23/06
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2705 W. Jetton Ave. Tampa, FL. 33629
(Principal office address)

2705 W. Jetton Ave. Tampa, FL. 33629
(Current mailing address)

8. Psychological Services provided
(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: Natalie M. DiMisa, Psy.D.

Office Address: 2705 W. Jetton Ave.

Tampa, Fla, Florida 33629
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.

Natalie M. DiMisa Psy.D.

(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: Natalie M. DiMisa, Psy.D.,

Address: 2705 W. Jetton Ave
Tampa, FL 33629

Vice Chairman: (same)

Address: _____

Director: (same)

Address: _____

Director: (same)

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Natalie M. DiMisa, Psy.D.,

Address: 2705 W. Jetton Ave.
Tampa, FL 33629

Vice President: (same)

Address: _____


Secretary: (same)

Address: _____

Treasurer: (same)

Address: _____

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

13. Natalie M. DiMisa, Psy.D. 
(Signature of Director or Officer listed in number 12 of the application)

14. Natalie M. DiMisa, Psy.D., President
(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

CONTROL NUMBER : 0014429
DATE INC/AUTH/FILED: 03/23/2000
JURISDICTION : GEORGIA
PRINT DATE : 03/24/2000
FORM NUMBER : 211

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NATALIE M. DIMISA, PSY.D., P.C.
NATALIE M. DIMISA, PSY.D.
3300 W. INTON AVE
TAMPA, FL 33629

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

NATALIE M. DIMISA, PSY.D., P.C.
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.

20060325023313486



Cathy Cox

Cathy Cox
Secretary of State