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TALLAHASSEE, FLORIDA

C.S. 6-28

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: P&R Dental Strategies, 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:

Cheryl Eckstein

(Name of Person)

P&R Dental Strategies, Inc.

(Firm/Company)

255 West 36th Street, Suite 1404

(Address)

New York, NY 10018

(City/State and Zip code)

For further information concerning this matter, please call:

Cheryl Eckstein

(Name of Person)

at (212) 686-2777

(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**

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. P&R Dental Strategies, Inc.
(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. 13-3861096
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 8-3-95 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 7/12/01 (~~The Florida AHCA did not require us to be registered as a foreign~~
(Date first transacted business in Florida, if prior to registration) entity until now.)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 255 West 36th Street, Suite 1404, New York, NY 10018
(Principal office address)
- 255 West 36th Street, Suite 1404, New York, NY 10018
(Current mailing address)
8. Utilization Review
(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: Terry Lite, D.D.S.
- Office Address: 5141 Beechwood Road
Delray Beach, Florida 33484
(City) (Zip code)

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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.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Anthony R. Paciello, D.M.D.

Address: 255 West 36th Street, Suite 1404, New York, NY 10018

Vice Chairman: Dianne Rose, D.D.S.

Address: 255 West 36th Street, Suite 1404, New York, NY 10018

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Anthony R. Paciello, D.M.D.

Address: 255 West 36th Street, Suite 1404, New York, NY 10018

Vice President: Dianne Rose, D.D.S.

Address: 255 West 36th Street, Suite 1404, New York, NY 10018

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. *Anthony Paciello DMD*

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

14. Anthony R. Paciello, D.M.D., President

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

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of P&R DENTAL STRATEGIES, INC. was filed on 08/03/1995, 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 an existing corporation.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 16th day of June two
thousand and six.*

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