106000004983

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)
(Address) (City/State/Zip/Phone #)
(Address) (City/State/Zip/Phone #)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700062517827

ઉપાયાના∺ વામમા)~ના≥4 ***+**87,50

NO JUL 27 PM 2: 18

CB 7-28-06 Web-305

COVER LETTER

Division of Corporations	
SUBJECT: STANLEY KABINOWITZ S.C. (Name of comporation - 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: HARRIET RABINO WITZ (Name of Person) Fig. 2 (Firm/Company) HORROW SOLVE	
Please return all correspondence concerning this matter to the following:	
HARRIET RABINOWITZ	7
(Name of Person)	הלי ע
Stanly Rabinowitz SC	
(Firm/Company)	
4692 Sanotunu Lane	>
(Address)	
BOCK RATON FLA.	
(City/State and Zip code)	-
For further information concorning this matter, please call:	^
The Wall at 32, 395-6555 (Accountout	
(Name of Person) (Area Code & Daythne Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations	
Clifton Building P.O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
S70.00 Filing Fee S78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy Certified Copy	



July 10, 2006

HARRIET RABINOWITZ 4698 SANCTUARY LN BOCA RATON, FL 33431

SUBJECT: STANLEY RABINOWITZ SERVICE CORP.

Ref. Number: W06000000305

We have received your document for STANLEY RABINOWITZ SERVICE CORP. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Cynthia Blalock Document Specialist

Letter Number: 106A00000332

PLEASE NOTE: You have included an alternate name in your document that is not allowed under corporate law. If you want to do business in Florida under a different name other than the one you incorporated under, you will need to file a fictitious name application. You can find this form on our website at www.sunbiz.org.

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. STANLEY RABINOWITZ, S.C. LOVO.	٠
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"	
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	<u>1</u>
The second secon	ð
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2. 11101S 3. 36-2860772 (State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. 3 26 76 5. perpetual (Duration) (Duration: Year corp. will cease to exist or "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)	
	1016 C1
7. OAKRIDEE MEDICAL PLAZAI, 5601 N.DINE HWY, OAK AND PA (Principal office address) S1217 3333	HUK HZ
	Į.
4698 Sanctyary Lane, BOGA RATON FL. 33431	
(Current mailing address)	
8. MEDICAL CONSULTING	
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
O Maria de la constitución de la contrata del contrata de la contrata de la contrata del contrata de la contrata del contrata de la contrata de la contrata de la contrata del contrata de la contrata del contrata del contrata de la contrata del cont	
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: HARRIET RABINOWITZ	* E157-3
Office Address: 4698 Sanctuary Lane	
BOCA RATON FLA33Y3), Florida	·
(City) (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.

A. DIRECTORS	
Chairman: Stanley Kabinocuitz	
Address: 53 E Bellevue Place	
Chicago IL 60611 Vice Chairman: N/A	
Vice Chairman; NA	<u>n</u>
Address:	
mo P	Υ
Director: STANLEY Rahinguntz	
Address: 53 E Bellevue Place	-
Chicago 12 (0061)	
Director: N/A	
Address:	
	-
B. OFFICERS	.7
President. STANLEY KODINOCUITZ	
Address: 53 E Bellevue Place.	
Vice President MA	
Address:	·
	3
Secretary: Stanley Rapinoustz	
Address: 53 = Pottel evue Phase que ago in 60611	
Treasurer Dabinount 2	
Address: 53 = Bellevat Place Chicapilbobi	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
(Signifure of Director on Officer listed in number 12 of the application) 14. Storley Robinson: TZ Pros. Down (Supply or printed name and capacity of person signing englication)	¥.
14. Storley Robinson 172 Pros 12 cont	
(Fund or minute nume and connective of narcon cioning conflication)	



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 19TH day of July A.D. 2006.

Desse White

SECRETARY OF STATE