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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

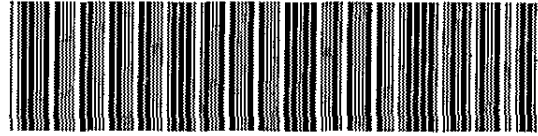
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Gary J. Pryor, M.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:

Gary J. Pryor, M.D.

(Name of Person)

Gary J. Pryor, M.D., P.C.

(Firm/Company)

422 Hermosita Drive

(Address)

St. Pete Beach, Florida 33706

(City/State and Zip code)

For further information concerning this matter, please call:

Gary J. Pryor, M.D.

(Name of Person)

at ( 727 ) 363-0503

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 25, 2006

GARY J. PRYOR, M.D.  
422 HERMOSITA DRIVE  
ST. PETE BEACH, FL 33706

SUBJECT: GARY J. PRYOR, M.D., PROF. CORPORATION  
Ref. Number: W06000037760

We have received your document for GARY J. PRYOR, M.D., PROF. CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

Gary J. Pryor has to sign on line 13.

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) 245-6962.

Valerie Herring  
Document Specialist  
New Filing Section

Letter Number: 606A00052459

**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. Gary J. Pryor, M.D., Prof. 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. 58-1474992

(FEI number, if applicable)

4. April 30, 1982

(Date of incorporation)

5. Perpetual

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

6. April 1, 2006

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

7. 422 Hermosita Drive, St. Pete Beach, Florida 33706

(Principal office address)

422 Hermosita Drive, St. Pete Beach, Florida 33706

(Current mailing address)

8. Medical professional services

(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: Gary J. Pryor, M.D.

Office Address: 422 Hermosita Drive

St. Pete Beach

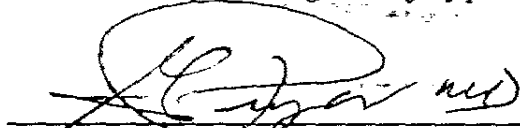
(City)

33706

(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.

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

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DIVISION OF CORPORATIONS

**A. DIRECTORS**

Chairman: Gary J. Pryor, M.D.

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Address: 422 Hermosita Drive, St. Pete Beach, Florida 33706

Vice Chairman: Cynthia Lynn Newton-Pryor

Address: 422 Hermosita Drive, St. Pete Beach, Florida 33706

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Gary J. Pryor, M.D.

Address: 422 Hermosita Drive, St. Pete Beach, Florida 33706

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

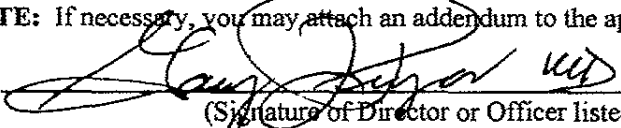
Secretary: Cynthia Lynn Newton-Pryor

Address: 422 Hermosita Drive, St. Pete Beach, Florida 33706

Treasurer: Gary J. Pryor, M.D.

Address: 422 Hermosita Drive, St. Pete Beach, Florida 33706

**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. Gary J. Pryor, M.D.

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

Control No. J204978

# STATE OF GEORGIA

## Secretary of State

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

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## CERTIFICATE OF EXISTENCE

I, Cathy Cox, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

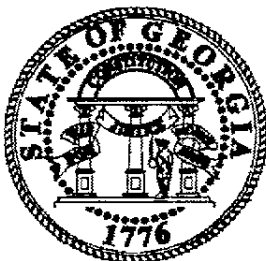
**GARY J. PRYOR, M.D., P.C.**

### Domestic Profit Corporation

was formed or was authorized to transact business on 04/30/1982 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated 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 date issued. 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 certificate is issued pursuant to 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.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 9th day of August, 2006

Cathy Cox  
Secretary of State