

206000007178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2006 NOV 16 P 4:01

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W06-40770

NOV 16 2006



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

06 NOV 16 AM 11:37

September 18, 2006

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

PAUL SLANSKY  
6901 JERICO TURNPIKE  
STE. 230  
SYOSSET, NY 11791

SUBJECT: CROSSLAND MEDICAL REVIEW SERVICES INC  
Ref. Number: W06000040770

We have received your document for CROSSLAND MEDICAL REVIEW SERVICES INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Please return 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) 245-6972.

Doris Brown  
Document Specialist

Letter Number: 406A00055719

*MAN: Doris*

*CL, Aton Bldg Center  
2661 Executive Circle  
Executive 32301*

2006 NOV 16 P 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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To: Crossland Medical

From: N/A

8/30/2006 3:33:42 PM (Page 2 of 4) 89311

AUG-30-2006 15:36 FROM:

TO: 6774377

P.002/004

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT:** Crossland Medical Review Services 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:

Paul Slansky

(Name of Person)

Crossland Medical Review Services Inc

(Firm/Company)

6901 Jericho Turnpike, Ste 230

(Address)

Syosset, New York 11791

(City/State and Zip code)

For further information concerning this matter, please call:

Paul Slansky

(Name of Person)

at ( 516 ) 677-1100

(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. **Crossland Medical Review Services 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**

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

3. **06-1650209**

(FEI number, if applicable)

4. **09/12/2002**

(Date of incorporation)

5.

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

6. **08/21/2006**

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

7. **4300 S US Highway #1, Ste 203-352, Jupiter, FL 33477**

(Principal office address)

**6901 Jericho Turnpike, Ste 230, Syosset, NY 11791**

(Current mailing address)

8. **Medical Review Processing**

(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: **Paul Slansky**

Office Address: **4300 S US Hwy #1, Ste 203-352**

**Jupiter**

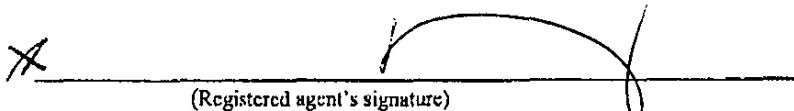
(City)

, Florida **33477**

(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.

To: Crossland Medical  
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TO: 6774377

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

**A. DIRECTORS**

Chairman: Fran Slansky

Address: 6901 Jericho Turnpike, Ste 230  
Syosset, NY 11791

Vice Chairman: Paul Slansky

Address: 6901 Jericho Turnpike  
Syosset, NY 11791

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

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

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

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

**B. OFFICERS**

President: Fran Slansky

Address: 6901 Jericho Turnpike, Ste 230  
Syosset, NY 11791

Vice President: Paul Slansky

Address: 6901 Jericho Turnpike  
Syosset, NY 11791

Secretary: \_\_\_\_\_

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

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. Paul Slansky

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

**State of New York**  
**Department of State** } ss:

**FILED**

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SECRETARY OF STATE  
MICHAEL J. CROSSLAND  
TALLAHASSEE, FLORIDA

I hereby certify, that the Certificate of Incorporation of MEDICAL REVIEW SERVICES, INC. was filed on 09/12/2002, 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 02nd day of November two  
thousand and six.*



*Special Deputy Secretary of State*

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