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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: East-West Medical & Rehabilitation Associates, P.A.
(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 Walker, Esq.

(Name of Person)

Allen Dell, P.A.

(Firm/Company)

202 S. Rome Avenue, Suite 100

(Address)

Tampa, FL 33606

(City/State and Zip code)

For further information concerning this matter, please call:

Gary Walker, Esquire at (813) 223-5351

(Name of Person)

(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. East-West Medical & Rehabilitation Associates, P.A.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

n/a

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Texas

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

3. 20-1986941

(FEI number, if applicable)

4. December 10, 2004

(Date of incorporation)

5. perpetual

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

6. July 02, 2007

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5680 Highway 6, #147 Missouri City, Texas 77459

(Principal office address)

5680 Highway 6, #147 Missouri City, Texas 77459

(Current mailing address)

8. The association is organized for the rendition of the professional services set forth below Medical 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 Walker, Esq.

Office Address: 202 S. Rome Avenue, Suite 100

Tampa

(City)

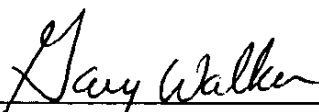
, Florida 33606

(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.



(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: David W. Fisher, M.D.

Address: 5624 Woodbine Road, Suite 110
Pace, Florida 32571

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: David W. Fisher, M.D.

Address: 5624 Woodbine Road, Suite 110
Pace, Florida 32571

Vice President: _____

Address: _____

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. David W. Fisher, M.D., President

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

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Phil Wilson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Association for East-West Medical & Rehabilitation Associates, P.A. (file number 800424199), a Professional Association, was filed in this office on December 10, 2004.

It is further certified that the entity status in Texas is in existence.

It is further certified that our records indicate DAVID W. FISHER as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

5680 HWY. 6 #147

MISSOURI CITY, TX - 77459 USA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 07, 2007.



A handwritten signature of Phil Wilson in black ink.

Phil Wilson
Secretary of State