

F08000000936

(Requestor's Name)

(Address)

(Address)

(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



100113222361

12/21/07--01005--010 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 FEB 29 PM 4:21

547

W07-61984

J 3/3/08

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 29 PM 4:21

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: RADIOLOGY STAFFING SOLUTIONS, PSC 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:

THOMAS R. CLARK

(Name of Person)

THOMAS R. CLARK, PSC

(Firm/Company)

1827 BROWNSBORO ROAD

(Address)

LOUISVILLE, KY 40206-2011

(City/State and Zip code)

For further information concerning this matter, please call:

DEBORAH STUMLER

(Name of Person)

at (502) 896-8788

(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

RECEIVED

08 FEB 29 AM 8:00

DIVISION OF CORPORATIONS

December 26, 2007

THOMAS R. CLARK
1827 BROWNSBORO ROAD
LOUISVILLE, KY 40206-2011

SUBJECT: RADIOLOGY STAFFING SOLUTIONS PSC INC.
Ref. Number: W07000061984

We have received your document for RADIOLOGY STAFFING SOLUTIONS PSC 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):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return the corrected 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) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 107A00071559

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 29 PM 4:21

6207 542-3813

If you have any questions concerning the filing of your document, please call

copy of this letter, within 60 days of your filing will be considered abandoned.

Please return the corrected original and one copy of your document, along with a

of directors, its president, or another of its officers.

**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. RADIOLOGY STAFFING SOLUTIONS PSC 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. KENTUCKY 3. 20-2588404
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/31/2005 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 1/1/2007
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 116 CONNERS AVENUE, NAPLES, FL 34108
(Principal office address)

116 CONNERS AVENUE NAPLES, FL 34108
(Current mailing address)

8. MEDICAL PRACTICE - RADIOLOGIST
(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: LOUIS B. KASTAN

Office Address: 116 CONNERS AVENUE
NAPLES, Florida 34108
(City) (Zip code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 FEB 29 PM 4:21

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:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 29 PM 4:21

A. DIRECTORS

Chairman: LOUIS B. KASTAN

Address: 116 CONNERS AVENUE
NAPLES, FL 34108

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: LOUIS B. KASTAN

Address: 116 CONNERS AVENUE
NAPLES, FL 34108

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. LOUIS B KASTAN

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

Commonwealth of Kentucky
Trey Grayson, Secretary of State

12/6/2007

Division of Corporations
Business Filings

P. O. Box 718
Frankfort, KY 40602
(502) 564-2848
<http://www.sos.ky.gov>

Certificate of Existence

Authentication Number: 56904

Visit <http://apps.sos.ky.gov/business/obdb/certvaldate.aspx> to authenticate this certificate.

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

RADIOLOGY STAFFING SOLUTIONS, PSC

is a professional service corporation duly organized and existing under KRS Chapter 274, whose date of incorporation is March 29, 2005 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 274.105 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 6th day of December, 2007.



Tn6z
Trey Grayson
Secretary of State
Commonwealth of Kentucky
56904/0609537

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 FEB 29 PM 4:21