

F08000002466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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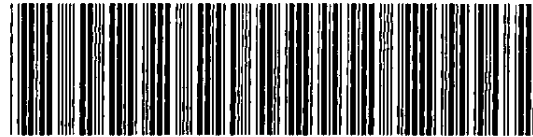
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN -3 2008

D.A. WHITE

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: EDUARDO KOFMAN, M.D., 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:

Sandra Kofman

(Name of Person)

(Firm/Company)

436 Stovall Rd.

(Address)

Brownsville, TX 78520

(City/State and Zip code)

For further information concerning this matter, please call:

Sandra Kofman

(Name of Person)

at (956) 346-9318

(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. EDUARDO KOFMAN, M.D., P.A.

(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. TEXAS

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

3. 20-0603246

(FEI number, if applicable)

4. 08/04/2003

(Date of incorporation)

5. perpetual

(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)

7. 864 Central Blvd. Suite 2700 Brownsville, TX 78520

(Principal office address)

864 Central Blvd. Suite 2700 Brownsville, TX 78520

(Current mailing address)

8. practice medicine

(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: Eduardo Kofman

Office Address: 1190 NW 95th. Street

Miami

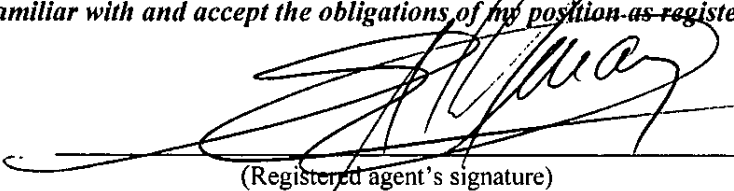
(City)

, Florida 33150

(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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CLERK OF THE SECRETARY OF STATE

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

A. DIRECTORS

Chairman: Eduardo Kofman

Address: 864 Central Blvd. Suite 2700 Brownsville, TX 78520

Vice Chairman: Eduardo Kofman

Address: 864 Central Blvd. Suite 2700 Brownsville, TX 78520

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Eduardo Kofman

Address: 864 Central Blvd. Suite 2700 Brownsville, TX 78520

Vice President: Eduardo Kofman

Address: 864 Central Blvd. Suite 2700 Brownsville, TX 78520

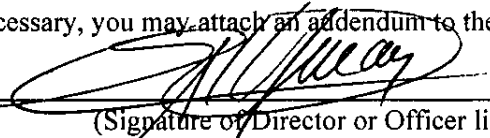
Secretary: Eduardo Kofman

Address: 864 Central Blvd. Suite 2700 Brownsville, TX 78520

Treasurer: Eduardo Kofman

Address: 864 Central Blvd. Suite 2700 Brownsville, TX 78520

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. Eduardo Kofman, President
(Typed or printed name and capacity of person signing application)

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



Office of the Secretary of State

Phil Wilson
Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Association for Eduardo Kofman M.D., P.A. (file number 800231516), a Professional Association, was filed in this office on August 04, 2003.

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

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 May 16, 2008.



A handwritten signature in cursive script that reads "Phil Wilson".

Phil Wilson
Secretary of State

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



Phil Wilson
Secretary of State

Office of the Secretary of State
Packing Slip

May 16, 2008
Page 1 of 1

Attn: SANDRA KOFMAN
Eduardo Kofman M.D., P.A.
864 CENTRAL BLVD
STE 2700
Boca Chica, TX 78520

Batch Number: 21578473
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Batch Date: 05-16-2008
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SECRETARY OF STATE

Document Number	Document Detail	Filing Number / Name	Page Count	Fee
215784730002	Status	Eduardo Kofman M.D., P.A.	1	\$15.00
Total Document Fees				\$15.00

Payment Type	Payment Status	Payment Reference	Amount
Credit Card	Received	*****8274	\$15.00
Total Payments Received			\$15.00
Total Amount Charged to Client Account			\$0.00
Total Amount Credited to Client Account			\$0.00

Note: This is not a bill. Please do not send any payments until the monthly statement is received.
Any amount credited to Client Account may be refunded upon request.
Refunds (if applicable) will be processed within 10 business days.
Acknowledgement of Filing Document(s) (if present) is attached.

There is a 2.7% convenience fee on credit card payments. This additional amount will be computed and shown on your credit card statement when the credit card transaction is settled.

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