F08000005413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

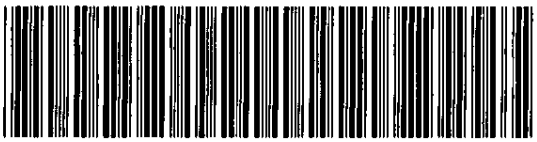
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500139066445

12/17/08--01007--001 **70.00

FILED
2008 DEC 24 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W08-1209

T. Burch DEC 29 2008

# COVER LETTER

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

**SUBJECT:** Eden Park Health 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:

Lawrence E. Crary, III, Esq.
(Name of Person)

Crary Buchanan
(Firm/Company)

P.O. Drawer 24
(Address)

Stuart, FL 34995-0024
(City/State and Zip code)

For further information concerning this matter, please call:

Lisa Taube at ( 772 ) 287-2600 ext. 3131
(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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
DEPARTMENT OF STATE
08 DEC 24 PM 12:29

December 18, 2008

LAWRENCE E. CRARY, III, ESQ.
ATTN: CRARY BUCHANAN
P.O. DRAWER 24
STUART, FL 34995-0024

SUBJECT: EDEN PARK HEALTH SERVICES, INC.
Ref. Number: W08000056098

We have received your document for EDEN PARK HEALTH 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 list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

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) 245-6928.

Tim Burch
Regulatory Specialist II

Letter Number: 208A00060938

# 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.*

FILED
2000 DEC 24 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Eden Park Health 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. N/A (FEI number, if applicable)

4. 11/04/1971 (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. 45 Learned Street, Albany, NY 12207
(Principal office address)

45 Learned Street, Albany, NY 12207
(Current mailing address)

8. Any and all lawful activity.
(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: Lawrence E. Crary, III, Esq.

Office Address: 555 Colorado Avenue

Stuart (City), Florida 34994 (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.***

Lawrence E. Crary, III
(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: Scott H. Hoffman

Address: 4586 S.W. Long Bay Drive

Palm City, FL 34990

Vice Chairman: _____

Address: _____

Director: Alton P. Mendleson, Jr.

Address: 115 Mosher Road

Glenmont, NY 12077

Director: William Gormley

Address: 441 Lockhart Mountain Road

Lake George, NY 12845

FILED
2000 DEC 24 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**B. OFFICERS**

President: ----

Address: _____

Exec. Vice President: Alton P. Mendleson, Jr.

Address: 115 Mosher Road

Glenmont, NY 12077

Secretary: Alton P. Mendleson, Jr.

Address: 115 Mosher Road, Glenmont, NY 12077

Treasurer: Alton P. Mendleson, Jr.

Address: 115 Mosher Road, Glenmont, NY 12077

**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)

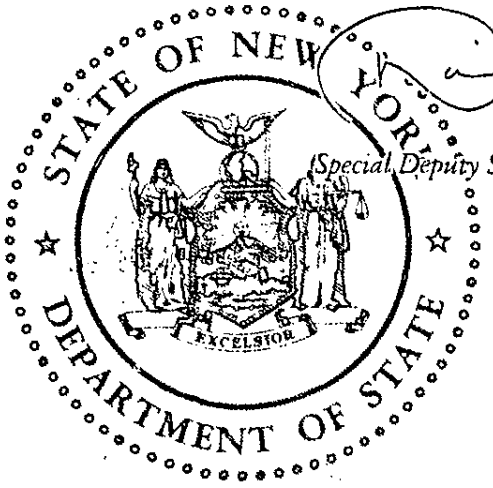
14. Alton P. Mendleson, Jr.
(Typed or printed name and capacity of person signing application)

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

I hereby certify, that the Certificate of Incorporation of EDEN PARK HEALTH SERVICES, INC. was filed on 11/04/1971, 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 17th day of November two thousand and eight.*




*Special Deputy Secretary of State*

*200811180543 102*

FILED
2008 DEC 24 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA