

F09000002034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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09 MAY 19 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W09000022412

EP 5/20/09

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: North Shore Medical Labs, 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:

Abid Sheikh

Name of Person

North Shore Medical Labs, Inc.

Firm/Company

463 Willis Avenue

Address

Williston Park NY 11596

City/State and Zip code

asheikh@nsmlonline.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Abid Sheikh

Name of Person

at (516) 739-5227

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

May 12, 2009

ABID SHEIKH
463 WILLIS AVENUE
WILLISTON PARK, NY 11596

SUBJECT: NORTH SHORE MEDICAL LABS, INC.
Ref. Number: W09000022412

We have received your document for NORTH SHORE MEDICAL LABS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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) 245-6062.

Eula Peterson
Regulatory Specialist II

Letter Number: 509A00016181

RECEIVED
DEPARTMENT OF STATE
09 MAY 19 PM 3:07



North Shore Medical Labs., Inc.
463 Willis Avenue
Williston Park, NY 11596

Tel: (516) 739-5227
Fax: (516) 739-5244

May 18, 2009

Florida Department of State
Division of Corporation
2661 Executive Center Circle
Tallahassee, FL 32301

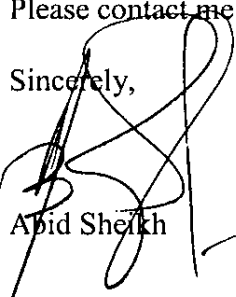
Re: North Shore Medical Labs-Ref Number: W09000022412

Dear Sir/Madam:

This is in reference to your letter dated May 12, 2009, Letter Number 509A00016181.
Please find enclosed with this letter a duly filled application for Foreign Corporation for
Authorization to transact Business in Florida, with required changes.

Please contact me at 516-739-5227 for any questions you may have.

Sincerely,



Abid Sheikh

**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. North Shore Medical Labs, Inc.

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

1)North Shore Medical Labs 2) NSML

(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. 112981841

(FEI number, if applicable)

4. September 5, 1989

(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. 463 Willis Avenue, Williston Park NY 11596

(Principal office address)

463 Willis Avenue, Williston Park NY 11596

(Current mailing address)

8. Laboratory 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: Kisha Ishmael

Office Address: 2137 Sand Arbor Circle

Orlando, Florida 32824

(City)

(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.

09 MAY 19 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Usha Ruder, MD

Address: 24 Night Heron Drive
Roslyn, NY 11790

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Abid Sheikh

Address: 57 Capri Drive
Roslyn, NY 11576

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. Abid Sheikh - President

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

09 MAY 19 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of NORTH SHORE MEDICAL LABS INC. was filed on 09/05/1989, 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 07th day of May two
thousand and nine.*

200905080171 102



FILED
09 MAY 19 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA