

F09000003767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

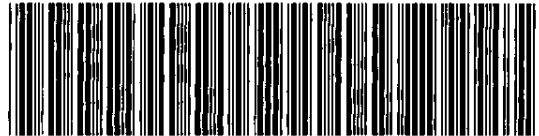
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000160278560

09/22/09--01002--015 **2300.00

000160278560
09/08/09--01081--010 **87.50

Wong
Wong

FILED
2009 SEP 21 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 Bush SEP 23 2009

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Avastra Eastern Sleep Centers, 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," or "Certificate of Good Standing" 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:

Daniel I. Rifkin, M.D.

Name of Person

Avastra Eastern Sleep Centers, Inc.

Firm/Company

1120 Youngs Road

Address

Williamsville, NY 14221

City/State and Zip code

emis@sleepmedicinecenters.com

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

For further information concerning this matter, please call:

Daniel I. Rifkin, M.D.

Name of Person

at (716) 923-7326

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 Cop ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2009

DANIEL I RIFKIN MD
1120 YOUNGS ROAD
WILLIAMSVILLE, NY 14221

SUBJECT: AVASTRA SLEEP CENTERS, INC.
Ref. Number: W09000040477

We have received your document for AVASTRA SLEEP CENTERS, INC. and your check(s) totaling \$87.50. 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.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$2,300.00.

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: 509A00029921

**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. Avastra Eastern Sleep Centers, 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. NY

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

3. 26-1212109

(FEI number, if applicable)

4. 10-09-2007

(Date of incorporation)

5. ~~2007~~

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

Perpetual

6. 10-12-2007

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

7. 2855 North University Drive Coral Springs, FL 33065

(Principal office address)

1120 Youngs Road Williamsville, NY 14221

(Current mailing address)

8. Physician

(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: NRAI Services, Inc.

Office Address: 2731 Executive Park Drive Suite 4

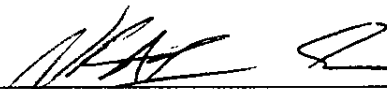
Weston, Florida 33331

(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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 SEP 21 PM 4:38

FILED

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

A. DIRECTORS

Chairman: Daniel I Rifkin MD

Address: 1120 Youngs Road

Williamsville, NY 14221

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Daniel I. Rifkin, MD

Address: 1120 Youngs Road

Williamsville, NY 14221

Vice President: Daniel I. Rifkin, MD

Address: 1120 Youngs Road

Williamsville, NY 14221

Secretary: Edward G. Mis II

Address: 1120 Youngs Road Williamsville, NY 14221

Treasurer: Daniel I. Rifkin

Address: 1120 Youngs Road Williamsville, NY 14221

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. Daniel I Rifkin - President

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

FILED
2009 SEP 21 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of AVASTRA EASTERN SLEEP CENTERS, INC. was filed on 10/09/2007, 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 10th day of September two
thousand and nine.*



200909110156 88

2009 SEP 21 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED