

# F09000004536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

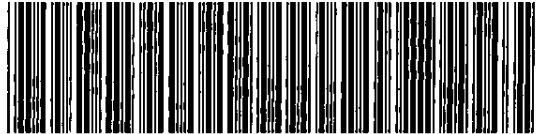
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2009 NOV 17 P 4: 20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 18 2009  
D.A. WHITE

COVER LETTER

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TO: New Filing Section  
Division of Corporations

2009 NOV 17 P 4: 21

SUBJECT: HO-YIN LI M.D., INC.  
Name of corporation - must include suffix

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

HO-YIN LI  
Name of Person  
HO-YIN LI M.D., INC.  
Firm/Company  
875 A ISLAND DRIVE, UNIT 368  
Address  
ALAMEDA, CA 94502  
City/State and Zip code  
hoyinli@pol.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HO-YIN LI at (510) 289-1697  
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 Cop ☐ \$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.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. HO-YIN LI M.D., 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. CALIFORNIA

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

3. 20-0365706

(FEI number, if applicable)

4. SEP 11, 2003

(Date of incorporation)

5. PERPETUAL

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

6. NO TRANSACTION MADE SO FAR

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

7. 875A ISLAND DRIVE, UNIT 368, ALAMEDA, CA 94502

(Principal office address)

875A ISLAND DRIVE, UNIT 368, ALAMEDA, CA 94502

(Current mailing address)

8. PROVISION OF TEMPORARY MEDICAL 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: MEI PO KUNG

Office Address: 3879 JONATHAN NAY

BOYNTON BEACH, , Florida 33436

(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.

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

**A. DIRECTORS**

Chairman: HO-YIN LI

Address: 875 A ISLAND DRIVE, UNIT 368, ALAMEDA, CA 94502

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: HO-YIN LI

Address: 875 A ISLAND DRIVE, UNIT 368, ALAMEDA, CA 94502

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: HO-YIN LI

Address: 875 A ISLAND DRIVE, UNIT 368, ALAMEDA, CA 94502

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: HO-YIN LI

Address: 875 A ISLAND DRIVE, UNIT 368, ALAMEDA, CA 94502

Treasurer: HO-YIN LI

Address: 875 A ISLAND DRIVE, UNIT 368, ALAMEDA, CA 94502

**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. \_\_\_\_\_

HO-YIN LI DIRECTOR

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

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NOV 17 P 4: 21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**State of California**  
**Secretary of State**

**FILED**

CERTIFICATE OF STATUS

2009 NOV 17 P 4: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ENTITY NAME:

HO-YIN LI M.D., INC.

FILE NUMBER: C2551956  
FORMATION DATE: 09/11/2003  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to exercise  
all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of October 06, 2009.

*Debra Bowen*

**DEBRA BOWEN**  
Secretary of State