

To: The Florida Dept. of State  
Subject: 001495.116521

From: Ashley Smith

Tuesday, December 22, 2009 2:41 PM Page: 1 of 4

Division of Corporations

https://efile.flh.org/scripts/efilepvr.exe

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H090002630213)))



H090002630213ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850) 617-6381

From:  
Account Name : CORPDIRECT AGENTS, INC.  
Account Number : 11045000714  
Phone : (850) 222-1173  
Fax Number : (850) 224-1640

**\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

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

**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**OMNI INJURY & REHABILITATIVE CENTER, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

2009 DEC 22 PM 1:22  
RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 DEC 22 PM 4:26  
RECEIVED  
OFFICE OF THE SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H09000263021 3

**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. OMNI INJURY & REHABILITATIVE CENTER, 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. Pennsylvania

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

3. \_\_\_\_\_

(FEI number, if applicable)

4. Dec. 15, 2009

(Date of incorporation)

5. perpetual

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

6. upon filing

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

7. 1825 Palm Cove Blvd. #309, Delray Beach, FL 33445

(Principal office address)

(Current mailing address)

8. CHIROPRACTIC OFFICE

(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: United Corporate Services, Inc.

Office Address: 9200 South Dadeland Blvd. Ste. 508

Miami, Florida 33156

(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.

2009 DEC 22 PM 1:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H09000263021 3

H09000263021 3

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

**A. DIRECTORS**

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

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

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

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

Director: Howard Mandelker

Address: 1825 Palm Cove Blvd., #309

Delray Beach, FL 33445

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

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

**B. OFFICERS**

President: Howard Mandelker

Address: 1825 Palm Cove Blvd. #309

Delray Beach, FL 33445

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. Howard Mandelker

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

H09000263021 3

To: The Florida Dept of State  
Subject: 001495.116521

From: Ashley Smith

Tuesday, December 22, 2009 2:41 PM Page: 4 of 4

H09000263021 3

**COMMONWEALTH OF PENNSYLVANIA**

**DEPARTMENT OF STATE**

**DECEMBER 21, 2009**

**TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:**

**I DO HEREBY CERTIFY THAT,**

**OMNI INJURY & REHABILITATIVE CENTER, INC.**

**is duly incorporated under the laws of the Commonwealth of Pennsylvania and  
remains a subsisting corporation so far as the records of this office show, as of  
the date herein.**



**IN TESTIMONY WHEREOF, I have  
hereunto set my hand and caused  
the Seal of the Secretary's Office to  
be affixed, the day and year above  
written.**

*Pedro A. Cortis*

**Secretary of the Commonwealth**

Certification Number: 8482564-1

Verify this certificate online at <http://www.corporations.state.pa.us/corps/verify.asp>

H09000263021 3