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Florida Department of State  
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To:

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

From:

Account Name : EDWARDS, ANGELL, PALMER & DODGE, LLP  
Account Number : 075410001517  
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FOREIGN PROFIT/NONPROFIT CORPORATION  
CONSULT A DOCTOR, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



December 23, 2009

FLORIDA DEPARTMENT OF STATE

EDWARDS, ANGELL, PALMER & DODGE, LLP  
Division of Corporations

SUBJECT: CONSULT A DOCTOR, INC.  
REF: W09000055545

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent listed is not an active entity with our office as a Limited Liability Company.

If you have any further questions concerning your document, please call (850) 245-6934.

Loria Poole  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H09000263181  
Letter Number: 909A00039048

*Corrected.  
Can we please  
get 12/22/09  
file date.  
Thank you*

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA****FILED**

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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  
TALLAHASSEE, FLORIDA

## 1. Consult A Doctor, 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. Delaware

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

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

(FEI number, if applicable)

## 4. 12/11/2009

(Date of incorporation)

5. \_\_\_\_\_

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

## 6. 12/22/2009

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

## 7. 846 Lincoln Road, 5th Floor, Miami Beach, FL 33139

(Principal office address)

(Same)

(Current mailing address)

## 8. Any lawful purpose

(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: Carey Rodriguez Greenberg & Paul, LLP

Office Address: 1395 Brickell Avenue, Suite 700

Miami

(City)

, Florida 33131

(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.

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

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**A. DIRECTORS**SECRETARY OF STATE  
TALLAHASSEE, FLORIDAChairman: Wolf ShlagmanAddress: 848 Lincoln Road, 5th Floor, Miami Beach, Florida 33139Vice Chairman: Elan ShankerAddress: 848 Lincoln Road, 5th Floor, Miami Beach, Florida 33139

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

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

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

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

**B. OFFICERS**President: /CEO Wolf ShlagmanAddress: 848 Lincoln Road, 5th Floor, Miami Beach, Florida 33139

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

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

Secretary: /CTO Elan ShankerAddress: 848 Lincoln Road, 5th Floor, Miami Beach, Florida 33139

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. Wolf Shlagman, CEO

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

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*Delaware*

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*The First State*SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONSULT A DOCTOR, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF DECEMBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONSULT A DOCTOR, INC." WAS INCORPORATED ON THE ELEVENTH DAY OF DECEMBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



*Jeffrey W. Bullock*  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 7715892

DATE: 12-22-09

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