F09000005228

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SECRETARY OF STATE





FLORIDA DEPARTMENT OF STATE Division of Corporations

December 14, 2009

DANIEL I. RIFKIN, MD % ED MIS 1120 YOUNGS ROAD WILLIAMSVILLE, NY 14221

SUBJECT: DANIEL I. RIFKIN, M.D., P.C.

Ref. Number: W09000052884

We have received your document for DANIEL I. RIFKIN, M.D., P.C. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

This entity has indicated it has transacted business prior to current year therefore, a civil penalty of \$500.00 plus annual report fee(s) for each year this entity transacted business or conducted affairs in Florida prior to qualification. Therefore, the total due to cover both annual report and penalty fee(s) is \$800.00

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) 245-6924.

Letter Number: 509A00037939

Stacy Prather
Document Specialist Supervisor

Division of Corporations - P.O. ROY 6327 Tallahassoa, Florida 32314

COVER LETTER

то:	New Filing Se Division of Co					
SUBJ	ЕСТ:	DANIEL	Z.,	RKIN M on - must include suffic	D, PC	
		(Name (of corporation	on - must include suffi:	x) /	
Dear S	ir or Madam:					
"Certif		ce," and check are su			sact Business in Florida," enced foreign corporation to	
Please	return all corres	pondence concerning	g this matter	to the following:		
	DANIA	I. RIEKN	MD			
			(Name of	Person)		
	DANIE	I. RIFKN	, MTD.	PC		
	27,70,14		(Firm/Co	mpany)		
	117.	O VALINES	CRD			
	<u> </u>	70000	(Addı	ress)		
	14	VILLAMOUL	CF. 1	ress) V 4 / 4 2 7 / and Zip code)	•	
		100000	(City/State	and Zip code)		
For fur		concerning this mat				
E	D MIS	at	7/6) 923·737	76-EXT Z103	
	(Name of Pers	on)	(Area (Code & Daytime Telep	<u> 76 - EXT Z103</u> hone Number)	
STREET/COURIER ADDRESS:				MAILING ADDRESS:		
New Filing Section Division of Corporations				New Filing Section Division of Corporations		
Clifton Building				P.O. Box 6327 Tallahassee, FL 32314		
	2661 Executive Tallahassee, Fl			Tallanassee,	FL 32314	
Enclose	ed is a check for	the following amour	nt:			
57 0.	.00 Filing Fee	□\$78.75 Filing Fo		\$78.75 Filing Fee & Certified Copy	7.50 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.

1	DANIEL I, RIFKIN MD., PC	
1	(Enter name of corporation; must include "INCORPORATED." "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	T
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida.) NEW VORK 3. 16-1598214 State or country under the law of which it is incorporated) (FEI number, if applicable)	C
4.	(Date of incorporation) 5. W/A (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	1170 YOUNG PD WILLIAMSUICLE, NY 1427,	
	(Principal office address)	
	(Current mailing address)	
8	PHY5/C/AN OFFICE (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
9. 1	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
	Name: NATIONAL REGISTERED AGONTS, INS. NRAI SERVICES INC	-
Off	fice Address: 2731 Executive PK DR. Suite 4	
-	WES70N , Florida 33331	
	(City), Horida	
Has desi furt	Registered agent's acceptance: ving been named as registered agent and to accept service of process for the above stated corporation at the pla ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacit ther agree to comply with the provisions of all statutes relative to the proper and complete performance of my o I I am familiar with and accept the obligations of my position as registered agent.	y. I

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.

(Registered agent's signature)

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

	·	
Chairman: DAN/80ZR	ICKIN MD PR	
Address: 1/20 Vound	38 RD	
Address: 1/20 Young	CENY 1422	/
Vice Chairman:	,	
Address:		
		200 SE TAI
Director:		L CREI
Address:		AR)
Director:		P: 2
	·	,
Address:		
B. OFFICERS		
President: DANIECT RIF	KIN MD	
Address://70 Vouns	SRD.	
WILLIAMSU	166, NY 1422,	/
Vice President:	, ,	
Address:		· · · · · · · · · · · · · · · · · · ·
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to	o the application listing additional offic	eers and/or directors.
13.		
(Signature of Director or Office	er listed in number 12 of the applicatio	n)
14. DAVIER I RICKIN	my - fles Down	-
(Typed or printed name and o	capacity of person signing application)	

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of DANIEL I. RIFKIN, M.D., P.C. was filed on 01/05/2001, 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 16th day of November two thousand and nine.



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