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(Address)

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(City/State/Zip/Phone #)

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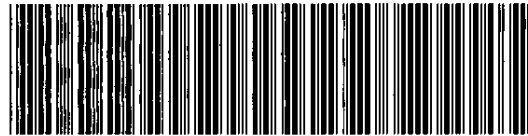
(Business Entity Name)

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TALLAHASSEE, FLORIDA

J. Stivers NOV 29 2010

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Gastroenterology Physician Assistants
Name of Corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Good Standing" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Susan Easter
Name of Person

Gastroenterology Physician Assistants
Firm/Company

P O Box 82511
Address

Tampa FL 33682-2511
City/State and Zip Code

gipa@focus-ed.net
E-mail address: (to be used for future annual report notification)

Physical Address:
Susan Easter
GIPA
c/o Focus-ED
11700 N 58th St.
Suite B
Temple Terrace,
FL 33617

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Susan Easter at (813) 766-8807 / (813) 988-7795
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Gastroenterology Physician Assistants, Inc.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Oregon
(State or country under the law of which it is incorporated)
3. 27-0001314
(FEI number, if applicable)
4. 11-5-01
(Date of Incorporation)
5. perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. 11-1-10
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
c/o Focus-ED
7. 11700 N 58th Street Suite B, Temple Terrace, FL 33617
(Principal office address)
STAR GIPA, PO Box 82511, Tampa, FL 33682-2511
(Current mailing address)
8. Nonprofit Professional Association
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)
Name: Susan Easter
Office Address: 11700 N 58th St, Suite B
Temple Terrace, Florida FL 33617
(City) (Zip Code)

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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.

Susan Easter
(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 addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Douglas Senecal

Address: 320 Royal Lake Drive
Ponte Vedra, FL 32081

Director: Susan Easter c/o Focus-ED

Address: 11700 N 58th St., Suite B
Temple Terrace, FL 33617

B. OFFICERS

President: David Carpenter

Address: 705 Town Blvd., Apt. 530
Atlanta, GA 30319

Vice President: _____

Address: _____

Secretary: Michelle Barnett

Address: 2940 N. Circle Drive, Colorado Springs, CO 80909

Treasurer: Frida Abramov

Address: 163-09 72 Ave, Fresh Meadows, NY 11365

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Susan Easter
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Susan Easter, Executive Director
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

I, KATE BROWN, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

GASTROENTEROLOGY PHYSICIAN ASSISTANTS

was

incorporated

under the Oregon

Nonprofit Corporation Act

on

November 5, 2001

and is active on the records of the Corporation Division as of
the date of this certificate.

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TALLAHASSEE, FLORIDA



*In Testimony Whereof, I have hereunto set
my hand and affixed hereto the Seal of the
State of Oregon.*

KATE BROWN, Secretary of State

By

Debra L. Virag

Debra L. Virag

November 2, 2010