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(Address)

(City/State/Zip/Phone #)

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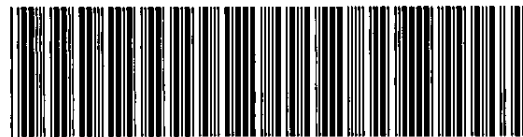
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DIVISION OF CORPORATIONS

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Society of Physician Assistants in Rheumatology, Inc.
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

C/o Focus-ED
Firm/Company

11700 N 58th St., Suite B

Address

Temple Terrace, FL 33687
City/State and Zip Code

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

For further information concerning this matter, please call:

Susan Easter at (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. Society of Physician Assistants in Rheumatology, 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. VA 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3-29-06 5. perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 12/10
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 40 Focus-ED (Principal office address)
11700 N 58th St., Suite B (Current mailing address)
Nonprofit Temple Terrace, FL 33617
SPAR PO Box 82501 Tampa FL 33682

8. Professional membership 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 c/o Focus-ED

Office Address: 11700 N 58th St., Suite B
Temple Terrace, Florida 33617
(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.

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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Susan Easter

Address: 11760 N 58th St., Suite B
Temple Terrace, FL 33617

Director: Richard Pope

Address: 375 Chestnut Tree Hill Road
Southbury, CT 06488

B. OFFICERS

President: Donald Ray Flinn

Address: 812 SW 112th St.
Oklahoma City, OK 73170

Vice President: Antonio Giannelli

Address: 4810 Dimond Way
Dimondale, MI 48821

Secretary: Susan Richmond

Address: 36 Cranberry Lane, Holliston, MA 01746

Treasurer: Trishna Patel

Address: 1389 W. Main St. #120, Waterbury, CT 06708

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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)

Commonwealth of Virginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

Society of Physician Assistants in Rheumatology is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is March 29, 2006.

Nothing more is hereby certified.

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*Signed and Sealed at Richmond on this Date:
November 23, 2010*

Joel H. Peck

Joel H. Peck, Clerk of the Commission