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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: P. XAVIER MONTESANO, M.D., A PROFESSIONAL CORP.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JOHN S. BOHATCH, ESQ.

Name of Person

GUTTENMACHER & BOHATCH, P.A.

Firm/Company

7301 SW 57TH COURT, SUITE 560

Address

SOUTH MIAMI, FLORIDA 33143

City/State and Zip code

LAW@GBTAXLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN S. BOHATCH, ESQ. at (305) 666-1040

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 1, 2011

JOHN S. BOHATCH, ESQ.
GUTTENMACHER & BOHATCH, P.A.
7301 SW 57TH COURT, SUITE 560
SOUTH MIAMI, FL 33143

SUBJECT: P. XAVIER MONTESANO, M.D., A PROFESSIONAL
CORPORATION
Ref. Number: W11000018692

We have received your document for P. XAVIER MONTESANO, M.D., A PROFESSIONAL CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

A brief description of the entity's nature of business must be included in the document.

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist II

Letter Number: 311A00007981

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. P. XAVIER MONTESANO, M.D., A PROFESSIONAL CORPORATION
(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. CALIFORNIA 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/15/2003 5. Perpetual
(Date of incorporation) (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. 14694 PALMWOOD ROAD, PALM BEACH, FLORIDA 33410
(Principal office address)

SAME AS PRINCIPAL
(Current mailing address)

8. Any and all lawful business
(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: G.B & B-B REGISTRIES, LLC

Office Address: 7301 SW 57TH COURT, #560

SOUTH MIAMI, Florida 33143
(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.

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TALLAHASSEE FLORIDA

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TALLAHASSEE FLORIDA

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

A. DIRECTORS

Chairman: PASQUALE X. MONTESANO

Address: 14694 PALMWOOD ROAD, PALM BEACH, FL 33410

Vice Chairman: _____

Address: _____

Director: PASQUALE X. MONTESANO

Address: 14694 PALMWOOD ROAD, PALM BEACH, FL 33410

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

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. *Pasquale X Montesano*

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. *Pasquale X Montesano*

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

State of California
Secretary of State

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

CERTIFICATE OF STATUS

ENTITY NAME:

P. XAVIER MONTESANO, M.D., A PROFESSIONAL CORPORATION

FILE NUMBER: C2560786
FORMATION DATE: 10/15/2003
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of March 10, 2011.

Debra Bowen

DEBRA BOWEN
Secretary of State