

F11000003627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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SKJOLD
PARRINGTON
business attorneys

nbrandenburg@skjoldparrington.com

September 1, 2011

VIA U.S. MAIL

New Filing Section
Florida Division of Corporations
PO BOX 6327
Tallahassee, FL 32314

Re: Advanced Psychiatric Care, P.C.
Our File No. 10238.0001

Dear Sir or Madam:

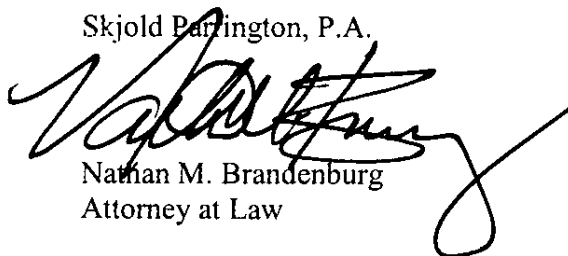
Enclosed for filing with your office are the following documents:

1. Application by Foreign Corporation for Authorization to Transact Business in Florida;
and
2. A check in the amount of \$87.50.

Please do not hesitate to contact me with any questions or concerns.

Very truly yours,

Skjold Parrington, P.A.



Nathan M. Brandenburg
Attorney at Law

NMB/aeb
Enclosures

cc: Client (via email)

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Advanced Psychiatric Care, P.C.

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:

Nathan M. Brandenburg

Name of Person

Skjold Parrington, P.A.

Firm/Company

222 South 9th Street, Suite 3220

Address

Minneapolis, MN 55402

City/State and Zip code

nbrandenburg@skjoldparrington.com

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

For further information concerning this matter, please call:

Nathan M. Brandenburg at (612) 746-2560

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

**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. Advanced Psychiatric Care, P.C.

(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. Minnesota

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

3. _____

(FEI number, if applicable)

4. May 22, 2007

(Date of incorporation)

5. Perpetual

(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. 2055 Wood Street, Suite 220, Sarasota, FL 34237

(Principal office address)

2055 Wood Street, Suite 220, Sarasota, FL 34237

(Current mailing address)

8. Medical Practice

(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: Zaheer Aslam, M.D.

Office Address: 2055 Wood Street, Suite 220

Sarasota

(City)

, Florida 34237

(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:

A. DIRECTORS

Chairman: Zaheer Aslam, M.D.

Address: 2055 Wood Street, Suite 220, Sarasota, FL 34237

Vice Chairman: n/a

Address: _____

Director: n/a

Address: _____

Director: n/a

Address: _____

B. OFFICERS

President: Zaheer Aslam, M.D.

Address: 2055 Wood Street, Suite 220, Sarasota, FL 34237

Vice President: n/a

Address: _____

Secretary: Zaheer Aslam, M.D.

Address: 2055 Wood Street, Suite 220, Sarasota, FL 34237

Treasurer: Zaheer Aslam, M.D.

Address: 2055 Wood Street, Suite 220, Sarasota, FL 34237

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

13. _____
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. Zaheer Aslam, M.D., President

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

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Advanced Psychiatric Care, P.C.

Date Formed: 05/22/2007

Chapter Governed By: 319B

This certificate has been issued on 08/30/11.



Mark Ritchie
Secretary of State

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