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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

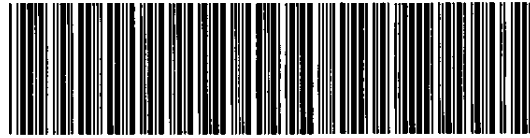
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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[Signature]

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PSYCHIATRY AT SIX PINES, P.A.
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:

CHANDRA S. MISHRA
Name of Person

Firm/Company
111 N. POMPANO BEACH BLVD # 1005
Address

POMPANO BEACH, FL 33062
City/State and Zip code

FLORIDAVC@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHANDRA S. MISHRA at (561) 504-8832
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. PSYCHIATRY AT SIX PINES, P.A.
(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. TEXAS 3. _____
(State or country under the law, of which it is incorporated) (FEI number, if applicable)

4. OCTOBER 11, 2006 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 19221 I-45 SOUTH, SUITE 420, THE WOODLANDS, TX 77385
(Principal office address)

PO BOX 212914, ROYAL PALM BEACH, FL 33421-2914
(Current mailing address)

8. PRACTICE OF PSYCHIATRY AND ANCILLARY MEDICAL PRACTICES
(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: CHANDRA S. MISHRA

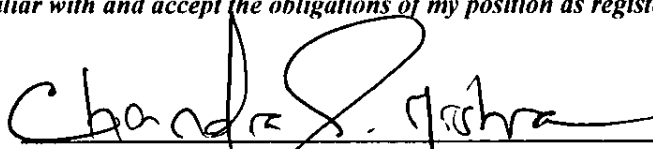
Office Address: 111 N. POMPANO BEACH BLVD # 1005

POMPANO BEACH, Florida 33062
(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.


(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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: SHARADAMANI ANANDAN, M.D.

Address: PO BOX 212914, ROYAL PALM BEACH, FL 33421-2914

B. OFFICERS

President: SHARADAMANI ANANDAN, M.D.

Address: PO BOX 212914, ROYAL PALM BEACH, FL 33421-2914

Vice President: _____

Address: _____

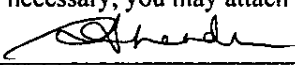
Secretary: SHARADAMANI ANANDAN, M.D.

Address: PO BOX 212914, ROYAL PALM BEACH, FL 33421-2914

Treasurer: _____

Address: _____

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. SHARADAMANI ANANDAN, M.D., DIRECTOR
(Typed or printed name and capacity of person signing application)

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STATE DEPARTMENT OF STATE
DIVISION OF REGISTRATIONS

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Hope Andrade
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Psychiatry at Six Pines, P.A. (file number 800719300), a Professional Association, was filed in this office on October 11, 2006.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 14, 2012.



A handwritten signature in black ink, appearing to read "Hope Andrade".

Hope Andrade
Secretary of State

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