

Florida Department of State
Division of Corporations
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To:

Division of Corporations
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From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
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**FOREIGN PROFIT/NONPROFIT CORPORATION
GERIATRIC PSYCHOLOGICAL SERVICES, P.C. INC.**

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**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. Geriatric Psychological Services, P.C. Inc.

(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. New York

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

3. 13-4075589

(FEI number, if applicable)

4. August 4, 1999

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. September 17, 2010

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

7. 801 Northpoint Parkway, Suite 31, West Palm Beach, FL 33407

(Principal office address)

PO Box 750834, Forest Hills, NY 11375

(Current mailing address)

8. Healthcare

(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: B & C Corporate Services, Inc.

Office Address: 2 South Biscayne Boulevard, 21st Fl.

Miami

(City)

Florida 33131

(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:

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A. DIRECTORS

Chairman: Peter Magaro

Address: PO Box 750834, Forest Hills, NY 11375

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Peter Magaro

Address: PO Box 750834, Forest Hills, NY 11375

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. _____

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. Peter Magaro, President

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

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SECRETARY OF STATE
TREASURY, FLORIDA

**State of New York
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of GERIATRIC PSYCHOLOGICAL SERVICES, P.C. was filed on 08/04/1999, under the name of PETER A. MAGARO, PSYCHOLOGIST, P.C., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:

A certificate changing name to GERIATRICPSY, P.C. was filed on 04/27/2004.

A certificate changing name to GERIATRIC PSYCHOLOGICAL SERVICES, P.C. was filed on 12/09/2004.

A Biennial Statement was filed 12/10/2004.

A Biennial Statement was filed 10/25/2005.

A Biennial Statement was filed 08/14/2007.

A Biennial Statement was filed 08/03/2009.

A Biennial Statement was filed 10/18/2011.

I further certify that no other documents have been filed by such corporation.

Witness my hand and the official seal
of the Department of State at the City
of Albany, this 20th day of July
two thousand and twelve.



Daniel Shapiro
First Deputy Secretary of State

