

F120000004960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

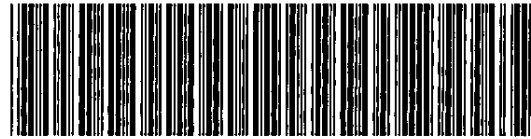
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200242548702

12/10/12--01018--018 **78.75

FILED
12 DEC 10 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

umd 12/11

ARONOFF, ROSEN & HUNT

Stanley J. Aronoff
Stephen R. Hunt*
Mark W. Reis*
Edmonde P. DeGregorio*
Richard A. Paolo
Patrick M. O'Neill
Tina M. Donnelly
Kevin L. Swick**
Edward P. Akin*

A Legal Professional Association
Established 1928

2200 U.S. Bank Tower
425 Walnut Street
Cincinnati, Ohio 45202-3954

Telephone (513) 241-0400
Facsimile (513) 241-2877
www.arh-law.com

Irwin I. Aronoff
(1905-1987)

Irving H. Rosen*
Of Counsel

*Also Admitted in Kentucky
**Also Admitted in Florida

December 6, 2012

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

RE: Geriatric Providers & Hospitalists, Inc.

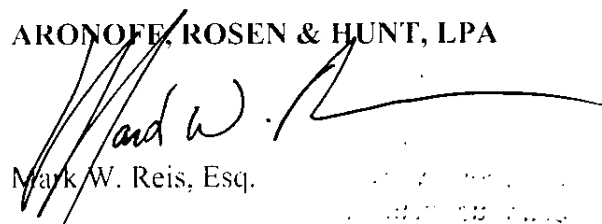
Dear Sir or Madam:

On behalf of our client, Geriatric Providers & Hospitalists, Inc., an Ohio corporation, enclosed you will find an Application for a Certificate of Authority to Transact Business in the State of Florida. Accompanying this filing is our cover letter on your form, our firm check in the amount of \$78.75 to cover the filing fee and Certificate of Status. Also enclosed is a Certificate of Good Standing issued by the Secretary of State of Ohio.

Please process and file this Application as quickly as possible and return your Certificate of Authority directly to the undersigned. Thank you.

Very truly yours,

ARONOFF, ROSEN & HUNT, LPA


Mark W. Reis, Esq.

MWR/amb
Enclosures

P:\NChromik_Letters\MWR\Fleites\Cover Letter to FL Div of Corporations 12.6.12.doc

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Geriatric Providers & Hospitalists, Inc.
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:

Mark W. Reis
Name of Person

Aronoff, Rosen & Hunt
Firm/Company

2200 U.S. Bank Tower, 425 Walnut St.
Address

Cincinnati OH 45202
City/State and Zip code

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

For further information concerning this matter, please call:

Mark W. Reis at (513) 241-0400
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. Geriatric Providers & Hospitalists, 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. Ohio 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. July 23, 2003 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Will not transact business in Florida until this Application has been processed.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 8453 Heritage Drive, Cincinnati, Ohio 45249
(Principal office address)
- 8453 Heritage Drive Cincinnati, Ohio 45249
(Current mailing address)
8. provide geriatric and hospitalists services
(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: CT Corporation System
- Office Address: 1200 South Pine Island Rd.
Plantation, Florida 33324
(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.
- CT Corporation System**
- Joyce Gilbert
(Registered agent's signature)
- Joyce Gilbert, Asst. Secretary
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.

FILED
12 DEC 10 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Rafael Fleites

Address: 8453 Heritage Drive

Cincinnati, OH 45249

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

FILED
12 DEC 10 AM 10:24
SECRETARY OF STATE
TAMM/ASST. SEC. FLORIDA

B. OFFICERS

President: Rafael Fleites

Address: 8453 Heritage Drive

Cincinnati, OH 45249

Vice President: _____

Address: _____

Secretary: Rafael Fleites

Address: 8453 Heritage Drive, Cinti., O. 45249

Treasurer: Rafael Fleites

Address: 8453 Heritage Drive, Cinti., O. 45249

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. Rafael Fleites, M.D., Chairman and President

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

**United States of America
State of Ohio
Office of the Secretary of State**

FILED
12 DEC 10 AM 10:21
SECRETARY OF STATE
MAIL ROOM
HAMILTON

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show GERIATRIC PROVIDERS & HOSPITALISTS, INC., an Ohio corporation, Charter No. 1401272, having its principal location in Cincinnati, County of Hamilton, was incorporated on July 23, 2003 and is currently in GOOD STANDING upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 1st day of November, A.D. 2012*

Jon Husted

Ohio Secretary of State