

F1300000115

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Robert Kavoukave

AUTHORIZATION BY PHONE TO

CORRECT address

DATE \_\_\_\_\_

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12/13/12--01005--003 \*\*70.00

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DIVISION OF CORPORATIONS  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 14, 2012

ROBERT KAVOVIT  
SOARING EAGLE PHYSICAL THERAPY, PC  
3 MIDDLE RD  
STUART, FL 34996

SUBJECT: SOARING EAGLE PHYSICAL THERAPY, PC  
Ref. Number: W12000061941

We have received your document for SOARING EAGLE PHYSICAL THERAPY, PC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith  
Regulatory Specialist II

Letter Number: 312A00029595

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12 DEC 31 PM 2:25  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Soaring Eagle Physical Therapy, PC  
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:

Robert Kavovit

Name of Person

Soaring Eagle Physical Therapy, PC

Firm/Company

3 Middle Road

Address

Stuart, FL 34996

City/State and Zip code

rkavo15@aol.com

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

For further information concerning this matter, please call:

Robert Kavovit

Name of Person

at ( 914 ) 760-3041

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. **SOARING EAGLE PHYSICAL THERAPY, P.C. CORPORATION**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "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. 01-0709148

(FEI number, if applicable)

4. 07/12/2002

(Date of incorporation)

5. Perpetual

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

6. 10/01/2012

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

7. 3 Middle Road, Stuart, FL 34996

(Principal office address)

3 Middle Road, Stuart, FL 34996

(Current mailing address)

8. New Location

(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: Robert Kavovit

Office Address: 3 Middle Road

Stuart

(City)

, Florida 34996

(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.*

R. Kavovit 12/10/12

(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: Robert Kavovit

Address: 3 Middle Road  
Stuart, FL 34996

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Robert Kavovit

Address: 3 Middle Road  
Stuart, FL 34996

Vice President: Adrian Ferreira

Address: 110 Linda Place  
Cortlandt Manor, NY 105 67

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. R. Kavovit

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. Robert Kavovit

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

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

I hereby certify, that the Certificate of Incorporation of SOARING EAGLE PHYSICAL THERAPY, P.C. was filed on 07/12/2002, 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.



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 30th day of November  
two thousand and twelve.*

Daniel Shapiro  
Special Deputy Secretary of State

201212030417 \* 30

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