

F13000000799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

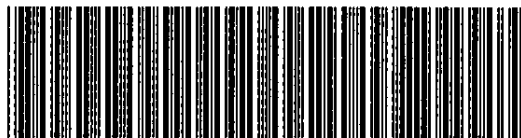
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W13-41

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Omnipsych, a Medical Corporation
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:

Randy Zalis, CFO

Name of Person

Omnipsych, a Medical Corporation

Firm/Company

1419 N. San Fernando Blvd. #240

Address

Burbank, CA 91504

City/State and Zip code

RZalis@omnipsych.org

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

For further information concerning this matter, please call:

Randy Zalis

Name of Person

at (813) 431-1784

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 2, 2013

RANDY ZALIS, CFO
1419 N. SAN FERNANDO BLVD. #240
BURBANK, CA 91504

SUBJECT: OMNIPSYCH, A MEDICAL CORPORATION
Ref. Number: W13000000041

We have received your document for OMNIPSYCH, A MEDICAL CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 713A00000017

**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. **Omnipsych, a Medical Corporation**

(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. **California** 3. **03-0455133**

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

(FEI number, if applicable)

4. **04/23/2002**

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. **1419 N. San Fernando Blvd., #240, Burbank, CA 91504**

(Principal office address)

1419 N. San Fernando Blvd., #240, Burbank, CA 91504

(Current mailing address)

8. **Medical, and any other lawful purpose.**

(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:

Yesner Law, P.L.

Office Address:

13035 W. Linebaugh Ave., Ste.101-B

Tampa

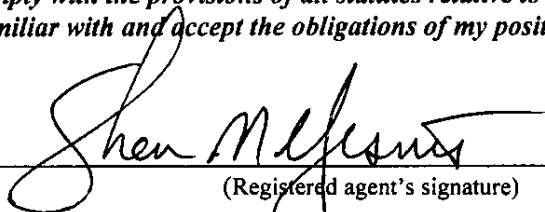
(City)

33626

(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: CLIFFORD R. FELDMAN MD

Address: 4018 ROCK HAMPTON DR.

TARZANA, CA 91356

Vice Chairman: RONALD N. ZALIS

Address: 13953 HARTSOCK STREET

SHERMAN OAKS, CA 91423

Director: RANDY B. ZALIS

Address: 5138 HAZELTINE AVENUE, #6

Director: _____

Address: _____

B. OFFICERS

President: RONALD N. ZALIS

Address: ABOVE

~~CEO~~
Vice President: CLIFFORD R. FELDMAN, MD

Address: ABOVE

Secretary: RANDY B. ZALIS

Address: ABOVE

Treasurer: RANDY B. ZALIS

Address: ABOVE

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

13. [Signature], CFO

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. RANDY ZALIS, Chief Financial Officer
(Typed or printed name and capacity of person signing application)

State of California
Secretary of State
CERTIFICATE OF STATUS

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DIVISION OF CORPORATIONS

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ENTITY NAME:

OMNIPSYCH, A MEDICAL CORPORATION

FILE NUMBER: C2413214
FORMATION DATE: 04/23/2002
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of January 30, 2013.

Debra Bowen

DEBRA BOWEN
Secretary of State