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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : SPIEGEL & UTRERA, P.A.  
Account Number : FCA0000000001  
Phone : (305) 854-6000  
Fax Number : (305) 860-2076

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***  
Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION  
MOBILE MEDICAL & NURSING, P.A.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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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.

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1. MOBILE MEDICAL & NURSING, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

MOBILE MEDICAL & NURSING, P.A.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. CALIFORNIA

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

3. N/A

(FBI number, if applicable)

4. 09/24/2004

(Date of incorporation)

5. PERPETUAL

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

6. UPON FILING

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

7. 3838 Northlake Boulevard, Palm Beach Gardens, FL 33403

(Principal office address)

3838 Northlake Boulevard, Palm Beach Gardens, FL 33403

(Current mailing address)

8. to engage in the practice of nursing

(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: Spiegel & Utrera, P.A.

Office Address: 1840 SW 22nd Street, 4th Floor

Miami

(City)

Florida 33145

(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.

SPIEGEL & UTRERA, P.A.

By: Natalia Utrera - NATALIA UTRERA, VICE-PRESIDENT

(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: Dinakar Kotiyan

Address: 3838 Northlake Boulevard

Palm Beach Gardens, FL 33403

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

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

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

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

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

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

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**B. OFFICERS**

President: Dinakar Kotiyan

Address: 3838 Northlake Boulevard

Palm Beach Gardens, FL 33403

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. Dinakar Kotiyan

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. Dinakar Kotiyan, President

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

**State of California  
Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

**MOBILE MEDICAL & NURSING, INC.**

**FILE NUMBER: C2686735**  
**FORMATION DATE: 09/02/2004**  
**TYPE: DOMESTIC CORPORATION**  
**JURISDICTION: CALIFORNIA**  
**STATUS: ACTIVE (GOOD STANDING)**

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**TALLAHASSEE, FLORIDA**

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 July 24, 2013.

*Debra Bowen*

**DEBRA BOWEN**  
Secretary of State