

F13000003462

(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



100250080941

07/25/13--01025--001 **78.75

13 AUG 13 PM 1:02

SECRETARY OF STATE
DIVISION OF CORPORATIONS

7/30

W13-42595

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LI Path, 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:

Nurten Hayirli
Name of Person
LI Path, PC
Firm/Company
10-2 Technology Drive
Address
East Setauket, NY 11733
City/State and Zip code
nurten@lipath.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nurten Hayirli at (631) 675-1777
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2013

LI PATH, PC
10-2 TECHNOLOGY DR
EAST SETAWKET, NY 11733

We have received your document for LI PATH, PC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 913A00018362

RECEIVED
13 AUG -9 PM 2:15

**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. Long Island Pathology, PC Corp
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. New York 3. 11-3186717
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. November 18, 1993 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 10-2 Technology Dr. East Setauket, NY 11733
(Principal office address)

10-2 Technology Dr East Setauket, NY 11733
(Current mailing address)

8. To obtain an out of state clinical laboratory license from Florida
(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: NBAL Services, Inc

Office Address: 1200 South Pine Island Rd.
Plantation, Florida 33324
(City) (Zip code)
(Broward)

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.

By: [Signature]

Kevin Donnelly, Assistant Secretary

(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.

13 AUG 13 PM 1:02
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

A. DIRECTORS

Chairman: Ali Tamsen, MD

Address: 10-2 Technology Drive
East Setauket, NY 11733

Vice Chairman: _____

Address: _____

Director: Ali Tamsen, MD

Address: 10-2 Technology Dr.
East Setauket, NY 11733

Director: _____

Address: _____

B. OFFICERS

President: Ali Tamsen, MD

Address: 10-2 Technology Drive
East Setauket, NY 11733

Vice President: _____

Address: _____

Secretary: Ulku Tamsen

Address: 10-2 Technology Drive, East Setauket, NY 11733

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. Ali Tamsen, MD President

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 AUG 13 PM 1:02

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of LONG ISLAND PATHOLOGY, P.C. was filed on 11/18/1993, 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.



SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 AUG 19 PM 1:02

WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 24th day of July two
thousand and thirteen.

Anthony Giardina

Executive Deputy Secretary of State