

F/3000003894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

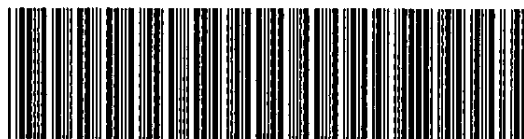
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900250163629

900250163629
08/12/13--01037--001 **70.00

09/11/13--01019--004 **650.00

FILED
13 SEP 11 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W13-45666

K 09/11/13



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 15, 2013

ALVIN M. KANTER, MD
13852 DEGAS DRIVE EAST
PALM BEACH GARDENS, FL 33410

SUBJECT: ALVIN M. KANTER, M.D., S.C., INC
Ref. Number: W13000045666

We have received your document for ALVIN M. KANTER, M.D., S.C., INC 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 listed in number one of the application must be identical to the name listed in the certificate of existence.

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.

PLEASE NOTE: You have included an alternate name in your document that is not allowed under corporate law. If you want to do business in Florida under a different name other than the one you incorporated under, you will need to file a fictitious name application. You can find this form on our website at www.sunbiz.org.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$650.00.

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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 313A000195662

RECEIVED
13 SEP -6 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ALVIN M KANTER, M.D., S.C.

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:

Alvin M Kanter, MD

Name of Person

Alvin M Kanter, M.D., S.C.

Firm/Company

13852 Degas Drive East

Address

Palm Beach Gardens, FL 33410

City/State and Zip code

gbalawfirmrb@aol.com

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

For further information concerning this matter, please call:

Richard L Bolton

Name of Person

at (312) 782-9035

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. **ALVIN M. KANTER, M.D., S.C., 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. **Illinois**

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

3. **36-2900230**

(FEI number, if applicable)

4. **January 17, 1977**

(Date of incorporation)

5. **Perpetual**

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

6. **January 1, 2012**

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

7. **13852 Degas Drive East, Palm Beach Gardens, FL 33410**

(Principal office address)

13852 Degas Drive East, Palm Beach Gardens, FL 33410

(Current mailing address)

8. **Consulting forensic services, and promotion of medical and scientific research and knowledge related thereto.**

(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: **Alvin M Kanter, MD**

Office Address: **13852 Degas Drive East**

Palm Beach Gardens

(City)

33410

(Zip code)

13 SEP 11 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

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

A. DIRECTORS

Chairman: Alvin M Kanter, MD

Address: 13852 Degas Drive East
Palm Beach Gardens, FL 33410

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Alvin M Kanter, MD

Address: 13852 Degas Drive East
Palm Beach Gardens, FL 33410

Vice President: _____

Address: _____

Secretary: Alvin M Kanter, MD

Address: 13852 Degas Drive East, Palm Beach Gardens, FL 33410

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. Alvin M Kanter, MD, President

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

FILED
13 SEP 11 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

File Number

5107-048-8



FILED

13 SEP 11 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ALVIN M. KANTER, M.D., S.C., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 17, 1977, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 2ND
day of AUGUST A.D. 2013

Jesse White