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FOREIGN PROFIT/NONPROFIT CORPORATION
NEIL C. GOODMAN, M.D., P.C. CO.

Certificate of Status	0
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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.**

1. NEIL C. GOODMAN, M.D., P.C. CO.

(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. 26-3597143

(FEI number, if applicable)

4. JANUARY 26, 2007

(Date of incorporation)

5. PERPETUAL

(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. 360 North Bedford Road, Mount Kisco N.Y. 10549

(Principal office address)

One Christie Place West, Apt. 206, Seaside, N.Y. 10583

(Current mailing address)

8. Medicine

(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:

NRAI Services, Inc.

Office Address:

1200 South Pine Island Road

Plantation

(City)

Florida 33324

(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.

NRAI Services, Inc.

By: Peter M. M.

(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: Neil C. Goodman, M.D.Address: 360 North Bedford Road, Mount Kisco, N.Y. 10549

Vice Chairman: _____

Address: _____

Director: Neil C. Goodman, M.D.Address: 360 North Bedford Road, Mount Kisco, N.Y. 10549

Director: _____

Address: _____

B. OFFICERS

President: Neil C. Goodman, M.D.Address: 360 North Bedford Road, Mount Kisco, N.Y. 10549

Vice President: _____

Address: _____

Secretary: Neil C. Goodman, M.D.Address: 360 North Bedford Road, Mount Kisco, N.Y. 10549Treasurer: Neil C. Goodman, M.D.Address: 360 North Bedford Road, Mount Kisco, N.Y. 10549

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

13. Neil C. Goodman, M.D. 8/30/2013

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. Neil C. Goodman, M.D., President

(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 NEIL C. GOODMAN, M.D., P.C. was filed on 01/26/2007, 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.

The Biennial Statement is past due.



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

Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State

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