

FB000004900

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

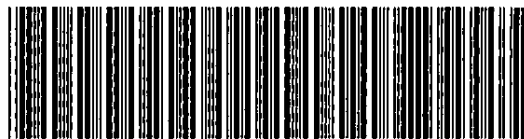
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600253226646

10/30/13--01021--006 \*\*87.50

FILED  
13 NOV -8 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

W13-60138

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Comprehensive Geriatric Medicine 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:

Lidia Virgil

Name of Person

Comprehensive Geriatric Medicine PC

Firm/Company

7104 Fort Hamilton Parkway

Address

Brooklyn, NY 11228

City/State and Zip code

lvirgil@doctorsoncallnyc.com

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

For further information concerning this matter, please call:

Lidia Virgil

Name of Person

at ( 516 ) 9711824

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



RECEIVED

13 NOV -8 PM 12: 55

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

October 31, 2013

LIDIA VIRGIL  
7104 FORT HAMILTON PKWY  
BROOKLYN, NY 11228

SUBJECT: COMPREHENSIVE GERIATRIC MEDICINE PC  
Ref. Number: W13000060638

We have received your document for COMPREHENSIVE GERIATRIC MEDICINE PC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The only acceptable words for designation as a professional association are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

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 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: 513A00025404

**State of New York**  
**Department of State** } ss:

I hereby certify, that the Certificate of Incorporation of COMPREHENSIVE GERIATRIC MEDICINE, P.C. was filed on 08/05/1997, 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.



FILED  
13 NOV -8 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

\*\*\*

WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 29th day of October two  
thousand and thirteen.

*Anthony Giardina*

Executive Deputy Secretary of State

**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. **Comprehensive Geriatric Medicine PC P.A.**

(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. **New York**

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

3. **113435779**

(FEI number, if applicable)

4. **07/22/1997**

(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. **7104 Fort Hamilton Parkway, Brooklyn NY 11228**

(Principal office address)

**7104 Fort Hamilton Parkway, Brooklyn NY 11228**

(Current mailing address)

8. **To engage in the profession of 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:

**Lidia Virgil**

Office Address:

**7378 SW 48 Street**

**Miami**

(City)

, Florida

**33155**

(Zip code)

FILED  
13 NOV - 8 PM 4:20  
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: Paul Rosenstock, MD

Address: 7104 Fort Hamilton Parkway  
Brooklyn NY 11228

Vice Chairman: Simon Abelson, MD

Address: 7378 SW 48 Street  
Miami, FL 33155

Director: Rudolph Eberwein, MD

Address: 7378 SW 48 Street  
Miami FL 33155

Director: Lidia Virgil MD

Address: 7378 SW 48 Street  
Miami, FL 33155

**B. OFFICERS**

President: Paul Rosenstock, MD

Address: 7104 Fort Hamilton Parkway  
Brooklyn, NY 11228

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. \_\_\_\_\_

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. Paul Rosenstock, MD President

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

FILED  
13 NOV - 8 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA