

F/300005317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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12/12/13



CORPORATION SERVICE COMPANY*

ACCOUNT NO. : I20000000195

REFERENCE : 916709 4802897

AUTHORIZATION :

COST LIMIT : \$ 87.50

ORDER DATE : December 10, 2013

ORDER TIME : 4:18 PM

ORDER NO. : 916709-005

CUSTOMER NO: 4802897

FOREIGN FILINGS

NAME: MDI MEDICAL DATA, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ CERTIFIED COPY

XX_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: _____

**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. **MDI MEDICAL DATA, 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. **New York**

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

3. _____

(FEI number, if applicable)

4. **September 27, 2013**

(Date of incorporation)

5. **perpetual**

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

6. **December 9, 2013**

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **12540 Sunnydale Drive, Wellington, Florida 33414**

(Principal office address)

315 Middle Country Road, Smithtown, New York 11787

(Current mailing address)

8. **To engage in any lawful activity as allowed under the laws of the State**

(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:

Max Hamburger, M.D.

Office Address:

12540 Sunnydale Drive

Wellington

(City)

, Florida **33414**

(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.



(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Max Hamburger

Address: 315 Middle Country Road

Smithtown, NY 11787

Director: _____

Address: _____

B. OFFICERS

President: Max Hamburger

Address: 315 Middle Country Road

Smithtown, NY 11787

Vice President: _____

Address: _____

Secretary: Max Hamburger

Address: 315 Middle Country Road, Smithtown, NY 11787

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. Max Hamburger, Director and President

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

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MDI MEDICAL DATA, INC.

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:

Mary Kearney, Paralegal

Name of Person

Garfunkel Wild, P.C.

Firm/Company

111 Great Neck Road

Address

Great Neck, New York 11021

City/State and Zip code

MCapacious@aol.com

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

For further information concerning this matter, please call:

Mary Kearney

Name of Person

at (516) 393-2592

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

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

I hereby certify, that the Certificate of Incorporation of MDI MEDICAL DATA, INC. was filed on 09/27/2013, 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.

I further certify that no other documents have been filed by such corporation.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 04th day of December
two thousand and thirteen.*

Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State