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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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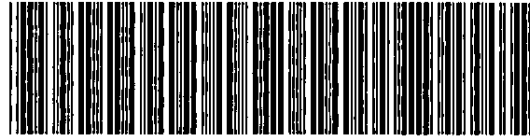
(Business Entity Name)

(Document Number)

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

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## COVER LETTER

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

**SUBJECT:** Annuity MD, 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:

Tony BAHU  
Name of Person

Annuity MD, Inc.  
Firm/Company

541 STATELY SHOALS Trail  
Address

Ponte Vedra, FL 32081  
City/State and Zip code

Tony BAHU@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tony BAHU at ( 248 ) 933-2033  
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

**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. Annuity MD, 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. MICHIGAN 3. 02-0722869  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/19/2004 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 541 STATELY SHOALS TRAIL, Ponte Vedra FL 32081  
(Principal office address)

541 STATELY SHOALS TRAIL Ponte Vedra FL 32081  
(Current mailing address)


8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Tony Bahu

Office Address: 541 STATELY SHOALS TRAIL  
Ponte Vedra, Florida 32081  
(City) (Zip code)

**9. 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)

10. 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.

16 SEP 25 PM 1:14

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: Tony BAHU

Address: 541 Statelky SHAGS TRAIL  
Ponte Vedra, FL 32081

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

12. \_\_\_\_\_

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.

13. Tony BAHU, President

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

[Michigan gov Home](#)[Business Entity Search Home](#)[Corps Home](#)[Contact Corporations](#)[LARA Home](#)**CORPORATE ENTITY DETAILS**

Searched for: ANNUITY MD, INC.

ID Num: 27397D

Entity Name: ANNUITY MD, INC.

Type of Entity: Domestic Profit Corporation

Resident Agent: TONY BAHU

Registered Office Address: 16093 WEATHERFIELD NORTHVILLE MI 48167

Mailing Address: MI

Formed Under Act Number(s): 284-1972

Incorporation/Qualification Date: 5-19-2004

Jurisdiction of Origin: MICHIGAN

Number of Shares: 60,000

Year of Most Recent Annual Report: 14

Year of Most Recent Annual Report With Officers &amp; Directors: 05

Status: ACTIVE Date: Present

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MICHIGAN GOV



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 24, 2014

TONY BAHU  
541 STATELY SHOALS TRAIL  
PONTE VEDRA, FL 32081

SUBJECT: ANNUITY MD, INC.  
Ref. Number: W14000058580

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

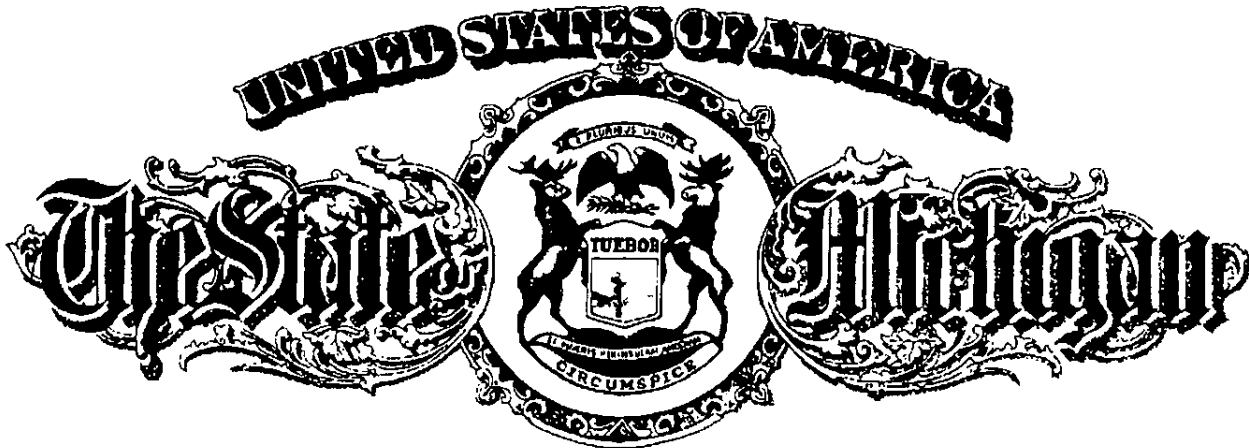
Sections 607.0403(2)(b), 617.0403(2)(b), and 608.4062.(2)(b), Florida Statutes, require all foreign corporations filing a name registration to submit a certificate stating the entities is in good standing under the laws of the state or territory where it is organized. The certificate should be executed by the Secretary of State of such state or territory or by such other official as may have custody of the records pertaining to. It must be dated within the last 90 days.

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.

Christine Haney  
Regulatory Specialist II  
New Filing Section

Letter Number: 514A00020543



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

**ANNUITY MD, INC.**

was validly incorporated on May 19, 2004, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission  
1264985

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 25th day of September, 2014.

Alan J. Schefke, Director  
Corporations, Securities & Commercial Licensing Bureau