

F1500000878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

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03/02/15--01039--006 \*\*87.50

FILED  
15 MAR -2 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 3 - 2015

S. GILBERT

## COVER LETTER

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

**SUBJECT:** Advanced Clinical Laboratory Solutions, 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:

Dr. Stanislav Grinberg

Name of Person

ACLS

Firm/Company

2277-83 Coney Island Avenue, suite 3B

Address

Brooklyn, NY 11223

City/State and Zip code

drgrinberg@aclsdiagnostics.com

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

For further information concerning this matter, please call:

Stan Grinberg

Name of Person

at ( 718 ) 998-9899

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:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|--|---|--|



DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

Date of this notice: 08-16-2011

Employer Identification Number:  
45-3008664

Form: SS-4

Number of this notice: CP 575 A

ADVANCED CLINICAL LABORATORY  
SOLUTIONS INC  
813 QUENTIN RD STE 200  
BROOKLYN, NY 11223

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 45-3008664. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120

03/15/2012

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

**IMPORTANT INFORMATION FOR S CORPORATION ELECTION:**

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at [www.irs.gov](http://www.irs.gov) for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at [www.irs.gov](http://www.irs.gov). If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

**IMPORTANT REMINDERS:**

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub. Thank you for your cooperation.

Keep this part for your records.

CP 575 A (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

9999999999999

Your Telephone Number    Best Time to Call  
(       )       -

DATE OF THIS NOTICE: 08-16-2011  
EMPLOYER IDENTIFICATION NUMBER: 45-3008664  
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023  
|||

ADVANCED CLINICAL LABORATORY  
SOLUTIONS INC  
813 QUENTIN RD STE 200  
BROOKLYN, NY 11223

N. Y. S. DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS AND STATE RECORDS

ALBANY, NY 12231-0001

FILING RECEIPT

=====

ENTITY NAME: ADVANCED CLINICAL LABORATORY SOLUTIONS, INC.

DOCUMENT TYPE: INCORPORATION (DOM. BUSINESS)

COUNTY: KING

=====

FILED:08/12/2011 DURATION:PERPETUAL CASH#:110812000124 FILM #:110812000123

FILER:

EXIST DATE

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ALEXANDER ALMONTE, ESQ. P.C.  
119 WASHINGTON AVE., STE. 101

-----  
08/12/2011

ALBANY, NY 12210

ADDRESS FOR PROCESS:

-----  
THE CORPORATION  
813 QUENTIN RD STE 200  
BROOKLYN, NY 11223

REGISTERED AGENT:

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STOCK: 200 NPV

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SERVICE COMPANY: ALEXANDER ALMONTE, ESQ., P.C. - 56

SERVICE CODE: 56 \*

FEEs 160.00  
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FILING 125.00  
TAX 10.00  
CERT 0.00  
COPIES 0.00  
HANDLING 25.00

PAYMENTS 160.00  
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CASH 0.00  
CHECK 0.00  
CHARGE 0.00  
DRAWDOWN 160.00  
OPAL 0.00  
REFUND 0.00

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DOS-1025 (04/2007)

**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. **Advanced Clinical Laboratory Solutions, Inc**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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TALLAHASSEE, FLORIDA

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **NYS**

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

3. **45-3008664**

(FEI number, if applicable)

4. **8/12/11**

(Date of incorporation)

5. \_\_\_\_\_  
(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. **2277-83 Coney Island Avenue, suite 3B, Brooklyn, NY 11223**

(Principal office address)

**2277-83 Coney Island Avenue, suite 3B, Brooklyn, NY 11223**

(Current mailing address)

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

Name: **Grigory L. Gromov**

Office Address: **12227 Durango Avenue**

**North Port**

(City)

, Florida **34287**

(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.

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

**A. DIRECTORS**

Chairman: Dr. Leon Reyfman

Address: 2277-83 Coney Island Avenue, suite 3B, Brooklyn, NY 11223

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

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

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

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

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

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

**B. OFFICERS**

President: Dr. Leon Reyfman

Address: 2277-83 Coney Island Avenue, suite 3B, Brooklyn, NY 11223

Vice President: Dr. Anatoly Meerovich

Address: 2277-83 Coney Island Avenue, suite 3B, Brooklyn, NY 11223

Secretary: Dr. Arkady Lipnitsky

Address: 2277-83 Coney Island Avenue, suite 3B, Brooklyn, NY 11223

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. \_\_\_\_\_

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

# Certificate of Filing

*This Certifies that the Corporation named*

**ADVANCED CLINICAL LABORATORY  
SOLUTIONS, INC.**

*was filed with the Secretary of State of*

**NEW YORK**

*on the 12th day of August of 2011*

*The said corporation shall have and may  
exercise all of the power conferred by the  
Business Corporation Law of the*

State of New York

*Sole Incorporator*