

F15000001024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

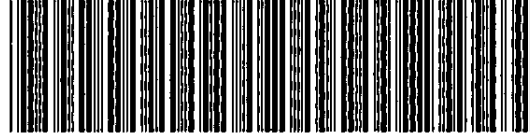
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Only



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02/13/15--01024--023 \*\*70.00

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15 MAR -9 PM 1:43  
STATE  
TALLAHASSEE, FLORIDA

3-12-15

CORRECTED TO ADD SUFFIX

**COVER LETTER**

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

**SUBJECT:** Samuel G. Agnew, M.D., P.C. Corp.

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:

Samuel G. Agnew

Name of Person

Samuel G. Agnew, M.D., P.C.

Firm/Company

19010 Avenue Bayonnes

Address

Lutz, FL 33558

City/State and Zip code

rmcilroy@mkgcpa.net

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

For further information concerning this matter, please call:

Richard S. McIlroy at (501) 280-0222

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. Samuel G. Agnew, M.D., P.C., Corp.

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

Samuel G. Agnew, M.D., P.C. Corp

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

2. Georgia

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

3. 47-3018052

(FEI number, if applicable)

4. December 23, 2014

(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. 6262 Veterans Parkway, Columbus, GA 31909

(Principal office address)

19010 Avenue Bayonnes, Lutz, FL 35558

(Current mailing address)

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

Name: Samuel G. Agnew, M.D.

Office Address: 19010 Avenue Bayonnes

Lutz

(City)

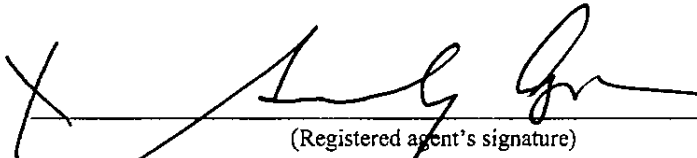
Florida 33558

(Zip code)

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15 MAR -9 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Samuel G. Agnew, M.D.

Address: 19010 Avenue Bayonnes  
Lutz, FL 33558

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

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

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

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

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

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

**B. OFFICERS**

President: Samuel G. Agnew, M.D.

Address: 19010 Avenue Bayonnes  
Lutz, FL 33558

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

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

Secretary: Samuel G. Agnew, M.D.

Address: 19010 Avenue Bayonnes, Lutz FL 33558

Treasurer: Samuel G. Agnew, M.D.

Address: 19010 Avenue Bayonnes, Lutz FL 33558

**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. Samuel G. Agnew, M.D., President

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

15 MAR -9 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# STATE OF GEORGIA

Secretary of State  
Corporations Division  
313 West Tower  
#2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 14120996  
DATE INC/AUTH/FILED : December 23, 2014  
JURISDICTION : Georgia  
PRINT DATE : February 05, 2015

## CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Samuel G. Agnew, M.D., P.C.  
A Domestic Professional Corporation

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



*B. P. Kemp*

Brian P. Kemp  
Secretary of State

Samuel G Agnew MD, P.C., Corp  
19010 Avenue Bayonnes  
Lutz, Florida 33558

Christine Haney  
Regulatory Specialist II-New Filing Section  
Division of Corporations  
P.O.Box 6327  
Tallahassee, Florida 32314

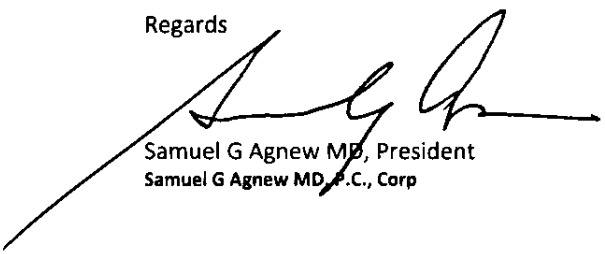
**RE: Letter Number 115A00003331\_Corrected Corporate Filing**

Ms. Haney:

In compliance with your request of February 17<sup>th</sup>, please find the corrected submission indicating that the entity (Samuel G Agnew MD, P.C.) is a Corporation. It is our understanding that no filing fee is associated with this correction.

If there is any additional information that is needed please do not hesitate to contact me directly.

Regards



Samuel G Agnew MD, President  
Samuel G Agnew MD, P.C., Corp



**FLORIDA DEPARTMENT OF STATE**  
**Division of Corporations**

February 17, 2015

**SAMUEL AGNEW M.D.**  
**19010 AVENUE BAYONNES**  
**LUTZ, FL 33558**

**SUBJECT: SAMUEL G. AGNEW, M.D., P.C.**  
**Ref. Number: W15000011586**

**FILED**  
**15 MAR -9 PM 1:44**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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: 115A00003331**

**RECEIVED**  
**15 MAR 11 PM 3:08**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

[www.sunbiz.org](http://www.sunbiz.org)

**Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314**