

F15000001100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

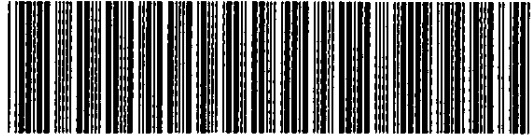
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
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VH
~~WIS-14265~~

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02/24/15--01014--007 **70.00

VH

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ORTHOPEDIC ASSOCIATES OF MEADVILLE, PROFESSIONAL CORPORATION
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:

KAY HIGBY

Name of Person

ORTHOPEDIC ASSOCIATES OF MEADVILLE, PROFESSIONAL CORPORATION

Firm/Company

640 ALDEN STREET

Address

MEADVILLE, PA 16335

City/State and Zip code

khigby@oamortho.com

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

For further information concerning this matter, please call:

STEVEN J JACKSON CPA at (**814**) **336-1512**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 26, 2015

KAY HIGBY
640 ALDEN STREET
MEADVILLE, PA 16335

SUBJECT: ORTHOPEDIC ASSOCIATES OF MEADVILLE, PROFESSIONAL CORPORATION
Ref. Number: W15000014265

We have received your document for ORTHOPEDIC ASSOCIATES OF MEADVILLE, PROFESSIONAL CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 715A00004086

**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. **ORTHOPEDIC ASSOCIATES OF MEADVILLE, PROFESSIONAL CORPORATION**

(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. **PENNSYLVANIA** 3. **25-1217034**

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

(FEI number, if applicable)

4. **09/07/1971** 5. **PERPETUAL**

(Date of incorporation)

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

6. **01/01/2015**

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

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

7. **640 ALDEN STREET, MEADVILLE, PA 16335**

(Principal office address)

640 ALDEN STREET, MEADVILLE, PA 16335

(Current mailing address)

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

Name: **LINDA AIKEN**

Office Address: **4926 VINCENNES STREET APT A**

CAPE CORAL, Florida **33904**

(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: PHILIP A FRNDAK

Address: 336 EDGEWOOD DRIVE
MEADVILLE, PA 16335

Vice President: VINCENT J PACZKOSKIE

Address: 10612 EASTVIEW AVENUE
MEADVILLE, PA 16335

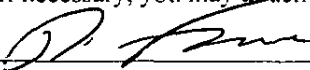
Secretary: _____

Address: _____

Treasurer: JAMES R MACIELAK

Address: 363 EDGEWOOD DRIVE, MEADVILLE, PA 16335

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. PHILIP A. FRNDAK, D.O. / President

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

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

JANUARY 6, 2015

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

**ORTHOPEDIC ASSOCIATES OF MEADVILLE, PROFESSIONAL
CORPORATION**

is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.



Carol A. Riddle

Secretary of the Commonwealth