

# F15000001961

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

HA

## COVER LETTER

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

**SUBJECT:** Rogers Dialysis Partners, 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:

Susan A. Fox

Name of Person

Law Offices of Susan A. Fox, P.A.

Firm/Company

P O Box 6516

Address

Springdale, AR 72766

City/State and Zip code

susan.fox@sbcglobal.net

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

For further information concerning this matter, please call:

Susan A. Fox

Name of Person

at ( 479 ) 751-7657

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 checked="" 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 type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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. Rogers Dialysis Partners, 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. Arkansas**

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

**3.**

(FEI number, if applicable)

**4. 09/16/2014**

(Date of incorporation)

**5.**

**Perpetual**

(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. 11149 Cobblestone Drive, Bentonville, AR 72712**

(Principal office address)

**11149 Cobblestone Drive, Bentonville, AR 72712**

(Current mailing address)

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

Name:

**Sabbir Khan**

Office Address:

**6532 Cartmel Lane**

**Windermere,**

(City)

**Florida 34786**

(Zip code)

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**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.*

**SKh . 9/14/15**

(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: Shamsul Alam

Address: 11149 Cobblestone Drive  
Bentonville, AR 72712

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

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

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

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

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

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

**B. OFFICERS**

President: Shamsul Alam

Address: 11149 Cobblestone Drive  
Bentonville, AR 72712

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

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

Secretary: Shamsul Alam

Address: 11149 Cobblestone Drive, Bentonville, AR 72712

Treasurer: Shamsul Alam

Address: 11149 Cobblestone Drive, Bentonville, AR 72712

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

12. Shamsul Alam

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. Shamsul Alam, President

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

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AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Arkansas Secretary of State  
Mark Martin**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

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AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **Certificate of Good Standing**

I, Mark Martin, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

### **ROGERS DIALYSIS PARTNERS, INC.**

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office September 16, 2014.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



**In Testimony Whereof**, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 9th day of April 2015.

*Mark Martin*

Mark Martin

Secretary of State

Online Certificate Authorization Code: f8f88f36f6c0c26

To verify the Authorization Code, visit [sos.arkansas.gov](http://sos.arkansas.gov)