

# F15000002013

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

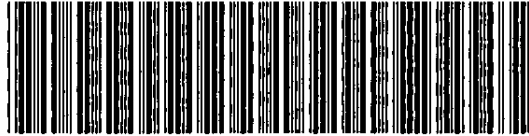
\_\_\_\_\_  
(Business Entity Name)

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 MAY -5 PM 4:05

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FILED

## COVER LETTER

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

**SUBJECT:** Sinai Diagnostics and Interventional Radiology P. 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:

Michael Tevlin

Name of Person

Forte MT Co., Inc.

Firm/Company

2209 Bath Avenue

Address

Brooklyn, NY 11214

City/State and Zip code

fortemt@gmail.com

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

For further information concerning this matter, please call:

Michael Tevlin

Name of Person

at ( 718 ) 266-8311

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. **Sinai Diagnostics and Interventional Radiology P. C. 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. **New York**

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

3. **37-1425679**

(FEI number, if applicable)

4. **March 27, 2002**

(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. **255 Little Harbour Lane, Naples, FL 34102**

(Principal office address)

**2560 Ocean Avenue, Brooklyn, NY 11229**

(Current mailing address)

THE FOLLOWING IS SUB-  
THE STATE OF FLORIDA

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

Name:

**Vadim Kolesnikov**

Office Address:

**255 Little Harbour Lane**

**Naples**

, Florida

**34102**

(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.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Vadim Kolesnikov

Address: 2560 Ocean Avenue  
Brooklyn, NY 11229

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

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

Director: Vadim Kolesnikov

Address: 2560 Ocean Avenue  
Brooklyn, NY 11229

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

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

B. OFFICERS

President: Vadim Kolesnikov

Address: 2560 Ocean Avenue  
Brooklyn, NY 11229

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

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

Secretary: Vadim Kolesnikov

Address: 2560 Ocean Avenue, Brooklyn, NY 11229

Treasurer: Vadim Kolesnikov

Address: 2560 Ocean Avenue, Brooklyn, NY 11229

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

12. Vadim Kolesnikov

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. Vadim Kolesnikov, President

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

**State of New York  
Department of State } ss:**

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AND  
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TALLAHASSEE, FLORIDA

I hereby certify, that the Certificate of Incorporation of SINAI DIAGNOSTICS AND INTERVENTIONAL RADIOLOGY P.C. was filed on 03/27/2002, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 30th day of April  
two thousand and fifteen.*

*Anthony Giardina*

Anthony Giardina  
Executive Deputy Secretary of State