

F16000000842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

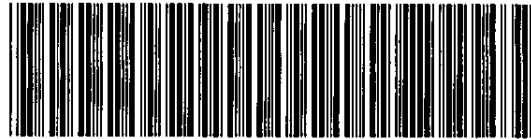
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16 FEB 22 PM 1:01
TALLAHASSEE, FLORIDA

FEB 25 2016

Y SULKER

WLS-81812



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 28, 2016

KAREN WESCOTT
812 AVIS DR
ANN ARBOR, MI 48108 US

SUBJECT: NEURALVIEW MEDICAL GROUP PC
Ref. Number: W15000081812

RECEIVED
2016 FEB 22 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for NEURALVIEW MEDICAL GROUP PC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 REMOVE WORD " PROFESSIONAL" FROM NAME OF THE ENTITY.,

Please return 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) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 915A00026752

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEURALVIEW MEDICAL GROUP PC

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:

KAREN WESCOTT

Name of Person

NEURALVIEW MEDICAL GROUP PC

Firm/Company

812 AVIS DR

Address

ANN ARBOR, MI 48108

City/State and Zip code

karenwescott@biotronic.com

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

For further information concerning this matter, please call:

KAREN WESCOTT

734

213-3931

Name of Person

at ()

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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. NEURALVIEW MEDICAL GROUP, PC, CORP

(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. CALIFORNIA 3. 26-4066311
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/12/2009 5. PERPETUAL
(Date of Incorporation) (Date of duration, if other than 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. 812 AVIS DR
(Principal office address)
ANN ARBOR, MI 48108
(Current mailing address, if different)

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

Name: CT CORPORATION SYSTEM
Office Address: 1200 SOUTH PINE ISLAND RD
PLANTATION, Florida 33324
(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.

 Terrell Kearney Asst. Secretary
(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: SOE AUNG, MD - OWNER

Address: 812 AVLS DR
ANN ARBOR, MI 48108

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: HANK GRETZINGER - CFO

Address: 31180 KINGSWOOD BLVD
NOVI, MI 48377

Vice President: _____

Address: _____

Secretary: _____

Address: _____

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 11 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. HANK GRETZINGER C.F.O.

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

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16 FEB 22 PM 1:01
DEPT. OF STATE
TOLSON

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

NEURALVIEW MEDICAL GROUP, PC

FILE NUMBER: C3137714
FORMATION DATE: 01/12/2009
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of December 07, 2015.

ALEX PADILLA
Secretary of State