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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

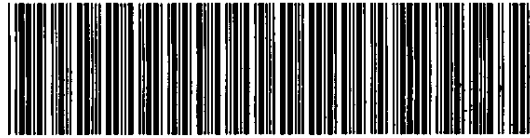
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16 MAY 24 PM 12:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 27 2016  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** UPPER VALLEY NEUROLOGY NEUROSURGERY, P.C.

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:

LISANDRA ESTEVEZ

Name of Person

DAVID DI PIETRO & ASSOCIATES, P.A.

Firm/Company

101 NE 3RD AVE, SUITE 1410

Address

FORT LAUDERDALE, FL 33301

City/State and Zip code

LISANDRA@DDPALAW.COM

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

For further information concerning this matter, please call:

LISANDRA ESTEVEZ

954 712-3070  
at ( )

Name of Person

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2016 MAY 24 PM 1:43  
TALLAHASSEE, FLORIDA

May 6, 2016

LISANDRA ESTEVEZ  
DAVID DI PIETRO & ASSOCITES, P.A.  
101 NE 3RD AVE, SUITE 1410  
FORT LAUDERDALE, FL 33301

SUBJECT: UPPER VALLEY NEUROLOGY NEUROSURGERY, P.C.  
Ref. Number: W16000033485

FILED  
16 MAY 24 PM 12:57  
TALLAHASSEE, FLORIDA

We have received your document for UPPER VALLEY NEUROLOGY NEUROSURGERY, P.C. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not provide for the recognition of a foreign professional corporation. An acceptable corporate suffix will need to be added to your entity name for this Department to accept and file your document.

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.

Include acceptable suffix after P.C.,

The document must contain both the street address of the principal office and the mailing address 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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 016A00009598

**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. UPPER VALLEY NEUROLOGY NEUROSURGERY, P.C., 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. NEW HAMPSHIRE 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. DECEMBER 14, 1994 5. \_\_\_\_\_  
(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. 106 Hanover Street, Lebanon, NH 03766  
(Principal office address)

106 Hanover Street, Lebanon, NH 03766  
(Current mailing address, if different)

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

Name: DAVID DI PIETRO


Office Address: 101 NE 3RD AVE, SUITE 1410

FORT LAUDERDALE, Florida 33301  
(City) (Zip code)

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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: Hulda Magnadóttir, MD

Address: 100 Hanover Street, Lebanon, NH 03766

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

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

Director: Donald Ayres, MD

Address: 100 Hanover Street, Lebanon, NH 03766

Director: Joseph Phillips, MD

Address: 100 Hanover Street, Lebanon, NH 03766

**B. OFFICERS**

President: Donald Ayres, MD

Address: 100 Hanover Street, Lebanon, NH 03766

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

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

Secretary: Joseph Phillips, MD

Address: 100 Hanover Street, Lebanon, NH 03766

Treasurer: Joseph Phillips, MD

Address: 100 Hanover Street, Lebanon, NH 03766

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

12. Joseph M. Phillips  
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. Joseph M. Phillips, MD Secretary  
(Typed or printed name and capacity of person signing application)

FILED  
15 MAY 26 PM 12:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# State of New Hampshire

## Department of State

### CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that UPPER VALLEY NEUROLOGY NEUROSURGERY, P.C. is a New Hampshire corporation duly incorporated under the laws of the State of New Hampshire on December 14, 1994. I further certify that all fees and annual reports required by the Secretary of State's office have been received and that articles of dissolution have not been filed.



In TESTIMONY WHEREOF, I hereto  
set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 26<sup>th</sup> day of February, A.D. 2016

A handwritten signature in cursive script, reading "William M. Gardner".

William M. Gardner  
Secretary of State