

F17000000703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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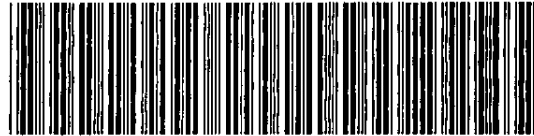
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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K. SALY

FEB 15 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 509076 4311863

AUTHORIZATION

COST LIMIT : \$ 87.50

ORDER DATE : February 13, 2017

ORDER TIME : 12:04 PM

ORDER NO. : 509076-005

CUSTOMER NO: 4311863

FOREIGN FILINGS

NAME: DIAGNOSTIC MEDICINE SERVICES,
P.C.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

**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. Diagnostic Medicine Services, P.C., 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. New York 3. 47-3897448
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. April 27, 2015 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. Upon registration
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 915 Broadway, Suite 1200, New York, NY 10010
(Principal office address)

(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

Corporation Service Company

By: _____

(Registered agent's signature)

Melissa Zender
Asst. Vice President

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

A. DIRECTORS

Chairman: None

Address: _____

Vice Chairman: None

Address: _____

Director: Jack Stern

Address: 915 Broadway, Suite 1200, New York, NY 10010

Director: Seth Neubardt

Address: 915 Broadway, Suite 1200, New York, NY 10010

B. OFFICERS

President: Jack Stern

Address: 915 Broadway, Suite 1200, New York, NY 10010

Vice President: Seth Neubardt

Address: 915 Broadway, Suite 1200, New York, NY 10010

Secretary: Seth Neubardt

Address: 915 Broadway, Suite 1200, New York, NY 10010

Treasurer: Jack Stern

Address: 915 Broadway, Suite 1200, New York, NY 10010

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

12. Jack Stern

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. Jack Stern, President

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

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

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TALLAHASSEE, FLORIDA

I hereby certify, that the Certificate of Incorporation of DIAGNOSTIC MEDICINE SERVICES, P.C. was filed on 04/27/2015, 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 13th day of February
two thousand and seventeen.*



A handwritten signature in black ink, appearing to read "B. Fitzgerald", is written over a horizontal line.

Brendan W. Fitzgerald
Executive Deputy Secretary of State

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