

F17000001204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)


PICK-UP WAIT MAIL

(Business Entity Name)

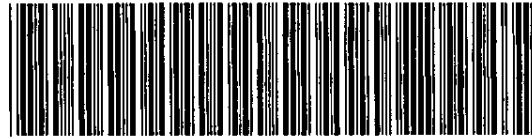
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Suffix N17-17925
3/13/17
Suffix added per Dr. Madia 

Office Use Only



500295950195

02/27/17--01008--029 **78.75

2017 MAR 10 A 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren
MAR 15 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2017

VIRGINIA P. MADLA
697 W. DOERR PATH
HERNANDO, FL 34442

SUBJECT: VIRGINIA P. MADLA, M.D. LTD
Ref. Number: W17000017925

We have received your document for VIRGINIA P. MADLA, M.D. LTD 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 use of LIMITED or LTD. is not sufficient as a corporate designation. The name must include a word such as INCORPORATED, INC., CORPORATION or CORP.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 017A00004028

COVER LETTER

TO: Registration Section
Division of Corporations
VIRGINIA P MADLA MD LTD

SUBJECT: _____
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:
VIRGINIA P MADLA

VIRGINIA P MADLA MD LTD	Name of Person
697 W DOERR PATH	Firm/Company
Address	
City/State and Zip code	
HERNANDO FL 34442	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

VIRGINIA P MADLA	630	333-7532	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

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.

VIRGINIA P MADLA MD LTD INC

1. (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) ILLINOIS 36-2844966

2. (State or country under the law of which it is incorporated) DECEMBER 1, 1975 3. (FEI number, if applicable)

4. (Date of incorporation) 5. (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) 697 W DOERR PATH HERNANDO, FL 34442

7. (Principal office address) SAME AS ABOVE (Current mailing address, if different)

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

Name: VIRGINIA P MADLA Office Address: 697 W DOERR PATH HERNANDO, Florida 34442 (City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above 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.

Signature: Virginia P. Madla M.D. (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.

FILED 2017 MAR 10 A 10:00 SECRETARY OF STATE TALLAHASSEE FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

VIRGINIA P MADLA

President: _____

697 W DOERR PATH

Address: _____

HERNANDO, FL 34442

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. Virginia P Madla M.D. _____

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.

VIRGINIA P MADLA PRESIDENT

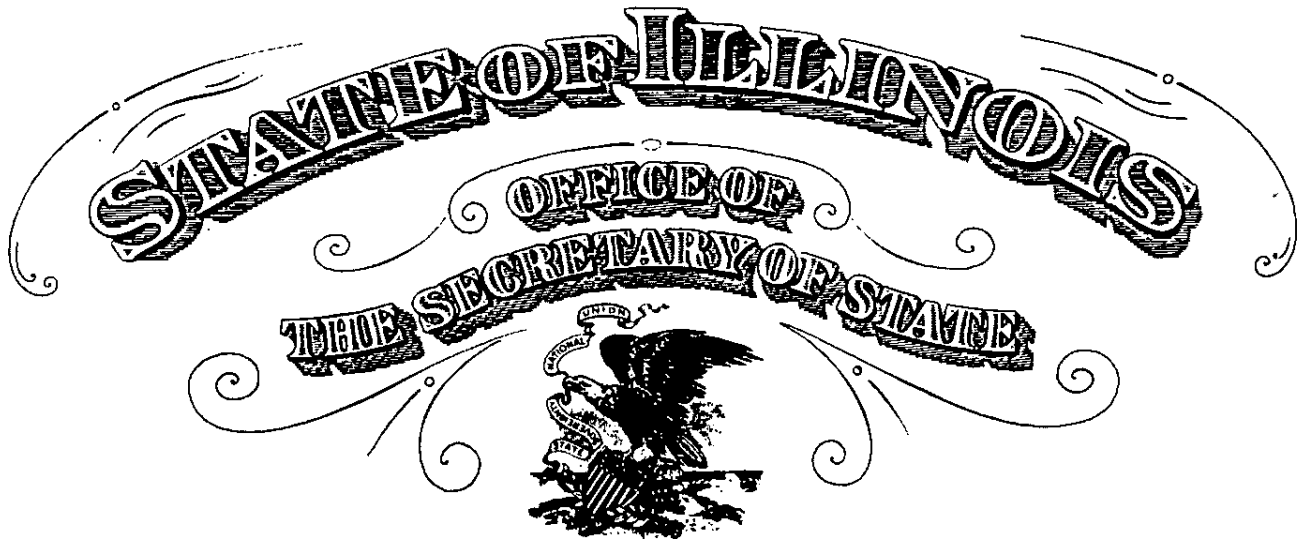
13. _____

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

FILED
2011 MAR 10 A 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

File Number

5078-313-8



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

VIRGINIA P. MADLA, M.D. LTD, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 01, 1975, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 22ND day of FEBRUARY A.D. 2017 .

Jesse White

SECRETARY OF STATE