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| (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: | | | | | |
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Office Use Only



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J. HARRIS

COVER LETTER

| TO: | Registration Section Division of Corporations | | | |
|---|---|---|--|---|
| | T.V. SESHAN M.D., P.C. | | | |
| SUBJI | | e of corporation - | must include suffix | |
| | | , | | |
| Dear Si | ir or Madam: | | | |
| "Certifi | closed "Application by Foreign (icate of Existence," or "Certifica referenced foreign corporation to | ite of Good Stand | ing" and check are subr | t Business in Florida," mitted to register the |
| Please | return all correspondence concer | ming this matter t | o the following: | |
| | FERGUSON | | | |
| | | Name of P | erson | |
| T.V. SE | ESHAN M.D., P.C. | | | |
| | | Firm/Comp | any | |
| 399 KN | OLLWOOD ROAD SUITE 108 | | | |
| | | Addres | S | |
| WHITE | E PLAINS, NY 10 6 03 | | | |
| | | City/State and | d Zip code | |
| kfergus | on@neuroalert.com | | | |
| | E-mail addre | ss: (to be used fo | r future annual report no | otification) |
| For fur | ther information concerning this | matter, please ca | li: | |
| Kate Ferguson | | 914 | 266-8707 | |
| | Name of Person | at (Area Code | Daytime Teleph | one Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | SS: | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | |
| Enclose | ed is a check for the following ar | mount: | | |
| 5 70 | .00 Filing Fee | ing Fee & of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certificate of Status & |



August 4, 2017

KATE FERGUSON 399 KNOLLWOOD ROAD SUITE 108 WHITE PLAINS, NY 10603

SUBJECT: T.V. SESHAN M.D., P.C.

Ref. Number: W17000062211

We have received your document for T.V. SESHAN M.D., P.C. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$650.00.

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: 217A00015820

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2017 AUG 17 AH 10: 00



July 28, 2017

KATE FERGUSON 399 KNOLLWOOD ROAD SUITE 108 WHITE PLAINS, NY 10603

SUBJECT: T.V. SESHAN M.D., P.C.

Ref. Number: W17000062211

We have received your document for T.V. SESHAN M.D., P.C. and your check(s) totaling \$87.50. 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.

Acceptable suffix included after P.C.

The amendment of the mark registration of T.V. SESHAN M.D., P.C. was filed on July 28, 2017.

Should you have any questions regarding this matter, please telephone (850) 245-6051, the Trademark Section.

Jenna D Harris
Regulatory Specialist II
Division of Corporations

Letter number: 617A00015309

Letter Number: 617A00015309

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

www.sunbiz.org

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. Lnc. T.V. SESHAN M.D., P.C. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc." "Co." or "Corp.") T.V. SESHAN M.D., D.C. INC. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of unavailable in Florida, enter alternate corporate name adopted for the purpose of unavailable in Florida, enter alternate corporate name adopted for the purpose of unavailable in Florida, enter alternate corporate name adopted for the purpose of unavailable in Florida, enter alternate corporate name adopted for the purpose of unavailable in Florida, enter alternate corporate name adopted for the purpose of unavailable in Florida, enter alternate corporate name adopted for the purpose of unavailable in Florida, enter alternate corporate name adopted for the purpose of unavailable in Florida in the purpose of unavailable in the u NEW YORK (FEI number, if applicable) (State or country under the law of which it is incorporated 2/12/1998 (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607,1501 & 607,1502, F.S., to determine penalty liability) 399 KNOLLWOOD ROAD SUITE 108 WHITE PLAINS, NY 10603 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) InCorp Services, Inc. Name: 17888 67th COURT NORTH Office Address: LOXAHATCHEE (City) 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.

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.

(Registered agent's signature)

Jessica Chappell on behalf of InCorp Services. Inc.

Mer Cal

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: SURYA SESHAN Director: 3 PATRICIA LANE BRIARCLIFF MANOR, NY 10510 Address: _ **B. OFFICERS** SURYA SESHAN President: 3 PATRICIA LANE BRIARCLIFF MANOR, NY 10510 Address: Vice President: ___ Address: KARTHIK SESHAN 3 PATRICIA LANE BRIARCLIFF MANOR, NY 10510 Address: Treasurer: NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors. 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. KARTHIK SESHAN, SECRETARY

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

**; ... **; .

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of T.V. SESHAN M.D., P.C. was filed on 02/12/1998, 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 July two thousand and seventeen.

Brendan W. Fitzgerald
Executive Deputy Secretary of State