

F17 000004539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

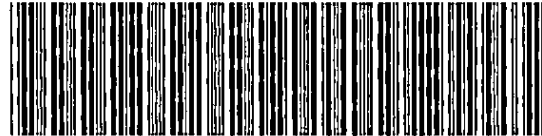
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Special Instructions to Filing Officer:

887.50  
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W17-74353

Office Use Only



000303045960

09/13/17--01013--020 \*\*787.50

10/06/17--01023--005 \*\*100.00

FILED  
17 OCT 10 PM 4:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

OCT 10 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 15, 2017

ROBERT B SIMPSON, MD  
63 MOONEY RD NE  
FT WALTON BEACH, FL 32547

SUBJECT: ROBERT B. SIMPSON, M.D., P.C. CORP  
Ref. Number: W17000074353

We have received your document for ROBERT B. SIMPSON, M.D., P.C. CORP and your check(s) totaling \$787.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$100.00.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is F15000004827 ROBERT B SIMPSON, M.D., P.C., INC..

There is a balance due of \$100.00.

NAME ON LINE 1 MUST BE ROBERT B. SIMPSON, M.D., P.C. CORP, PLEASE CORRECT PENALTY FEE IS \$800.00 PLUS FILING AND CERTIFICATION OF \$87.50,

F15000004827 ROBERT B SIMPSON, M.D., P.C., INC.

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: 917A00018868

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ROBERT B. SIMPSON, MD, PC CORP.  
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:

ROBERT B. SIMPSON, MD  
Name of Person

ROBERT B. SIMPSON, MD, PC CORP  
Firm/Company

53 MOONEY RD, NE  
Address

FT WALTON BEACH, FL 32547  
City/State and Zip code

ORTHO\_TRAUMA@ME.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT B. SIMPSON, MD at ( 315 ) 481-4675  
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:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input checked="" type="checkbox"/> \$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. ROBERT B. SIMPSON, MD, PC CORP.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co." or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. GEORGIA

(State or country under the law of which it is incorporated)

3. 47-5480035

(FEI number, if applicable)

4. 10/15/2015

(Date of incorporation)

5. \_\_\_\_\_

(Date of duration, if other than perpetual)

6. 11/16/2015

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. HUGHSTON CLINIC AT FWB, 341 RACETRACK RD NW, SUITE B, FORT WALTON BEACH, FL 32547

(Principal office address)

63 MOONEY RD, NE, FT WALTON BEACH, FL 32547

(Current mailing address, if different)

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

Name: ROBERT B. SIMPSON, MD

Office Address: 63 MOONEY RD, NE

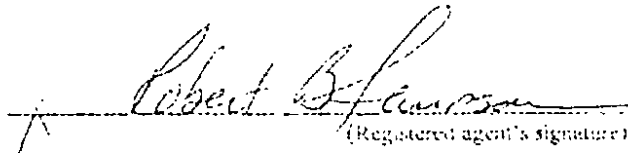
FT WALTON BEACH, Florida 32547

(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.*

  
(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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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: ROBERT B. SIMPSON, MD

Address: 63 MOONEY RD, NE, FT WALTON BEACH, FL 32547

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

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

B. OFFICERS

President: ROBERT B. SIMPSON, MD

Address: 63 MOONEY RD, NE, FT WALTON BEACH, FL 32547

Vice President: ROBERT B. SIMPSON, MD

Address: 63 MOONEY RD, NE, FT WALTON BEACH, FL 32547

Secretary: ROBERT B. SIMPSON, MD

Address: 63 MOONEY RD, NE, FT WALTON BEACH, FL 32547

Treasurer: ROBERT B. SIMPSON, MD

Address: 63 MOONEY RD, NE, FT WALTON BEACH, FL 32547

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

12. Robert B. Simpson  
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. ROBERT B. SIMPSON, MD

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

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17 OCT 10 PM 4:35  
SOUTH FLORIDA  
TALLAHASSEE, FLORIDA

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, **Brian P. Kemp**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**Robert B. Simpson, M.D., P.C.**  
a Domestic Professional Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 14785805  
Date Inc/Auth/Filed: 10/15/2015  
Jurisdiction : Georgia  
Print Date : 08/09/2017  
Form Number : 211



Brian P. Kemp  
Secretary of State