

F17000004748

To: Page 2 of 7

2017-10-20 08:05 24 CDT

12122023573 From: Kimberly Laughrey

10/20/2017

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000276664 3)))



H170002766643ABC6

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (512)418-6949  
Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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

FILED  
17 OCT 20 AM 9:43  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION  
LYRA CLINICAL ASSOCIATES PROFESSIONAL CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

2017 OCT 20 AM 13:52

TALLAHASSEE FLORIDA

*[Handwritten signature]*  
10/23/17

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LYRA CLINICAL ASSOCIATES 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:

Lisa Caccavo

Name of Person

LYRA CLINICAL ASSOCIATES P.C.

Firm/Company

205 Park Road

Address

205 Park Road, CA 94010

City/State and Zip code

lisa@lyrahealth.com

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

For further information concerning this matter, please call:

Lisa Caccavo

at (800) 505-5972

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.

1. LYRA CLINICAL ASSOCIATES PROFESSIONAL CORPORATION

(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. CALIFORNIA

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

3.

(FEI number, if applicable)

4. 10/19/2015

(Date of incorporation)

5.

(Date of duration, if other than perpetual)

6. Upon qualification

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

7. 205 PARK ROAD Burlingame, CA 94010

(Principal office address)

(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

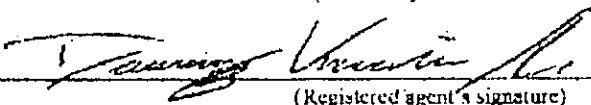
(Zip code)

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.

C T Corporation System

By:



(Registered agent's signature)

Danny Verdecchia  
Assistant Secretary

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  
17 OCT 20 AM 9:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: Robert Kocher

Address: 205 PARK ROAD Burlingame, California 94010

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

**B. OFFICERS**

President: Robert Kocher

Address: 205 PARK ROAD Burlingame, CA 94010

Vice President: Robert Kocher

Address: 205 PARK ROAD Burlingame, CA 94010

Secretary: Robert Kocher

Address: 205 PARK ROAD Burlingame, CA 94010

Treasurer:

Address:

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

12. 

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 Kocher, President

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

# State of California

## Secretary of State

### CERTIFICATE OF STATUS

ENTITY NAME:

LYRA CLINICAL ASSOCIATES P.C.

FILE NUMBER: C3835081  
FORMATION DATE: 10/19/2015  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of October 19, 2017.

*[Handwritten signature]*