

FI7000004997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2017 NOV -6 P 3:48

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D. SCOTT  
NOV 7 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 17, 2017

E. MICHAEL I ARROJO  
2335 SW 42ND WAY #167  
GAINESVILLE, FL 32607

SUBJECT: POST ACUTE SPECIALISTS, P.A.  
Ref. Number: W17000082730

We have received your document for POST ACUTE SPECIALISTS, P.A. and your check(s) totaling \$70.00. 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.

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.

Dionne M Pijaux  
Regulatory Specialist

Letter Number: 617A00020932

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:**

~~Post Acute Specialists, P.A.~~

Post Acute Specialists, Inc. Co.

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:

E. Michael I. Arrojo

Name of Person

Post Acute Specialists

Firm/Company

2335 SW 42nd Way #167

Address

Gainesville, FL 32607

City/State and Zip code

marrojo@aaahealthgroup.com

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

For further information concerning this matter, please call:

E. Michael I. Arrojo

407

312-4670

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

TALLAHASSEE, FLORIDA

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**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. ~~Post Acute Specialists, P.A.~~ Post Acute Specialists, P.A., Co.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

~~FL Post Acute Specialists, P.A.~~ FL Post Acute Specialists, Co.  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Texas 3. 81-5264979  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/24/2017 5. \_\_\_\_\_  
(Date of incorporation) (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)

7. 835 E. Lamar Blvd. #141, Arlington, TX 76001-3504  
(Principal office address)


\_\_\_\_\_  
(Current mailing address, if different)

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

Name: E. Michael I. Arrojo  
Office Address: 2335 SW 42nd Way #167  
Gainesville, Florida 32607  
(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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TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: Jamison Feramisco

Address: 825 E. Lamar Blvd. #141  
Arlington, TX 76011

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

**B. OFFICERS**

President: Jamison Feramisco

Address: 825 E. Lamar Blvd. #141  
Arlington, TX 76011

Vice President:

Address:


Secretary: Jamison Feramisco

Address: 825 E. Lamar Blvd. #141, Arlington, TX 76011

Treasurer: Jamison Feramisco

Address: 825 E. Lamar Blvd. #141, Arlington, TX 76011

**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. Jamison Feramisco, MD, PhD

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

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TALLAHASSEE FLORIDA



## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Post Acute Specialists, P.A. (file number 802632286), a Professional Association, was filed in this office on January 24, 2017.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 25, 2017.

FILED  
SEP 25 6 P 3:48  
TALLAHASSEE, FLORIDA



A handwritten signature in black ink, appearing to read "R. Pablos".

Rolando B. Pablos  
Secretary of State