

F18000000364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

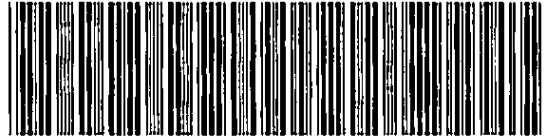
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300307592753

01/17/18--01018--004 \*\*70.00

RECEIVED

JAN 16 2018

FILED  
18 JAN 24 PM 3:18  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

J. LEGGETT  
JAN 24 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 18, 2018

NAGI YOUSSEF  
2347 KELBROOK CT  
OVIEDO, FL 32765 US

SUBJECT: NORTH OAK REGIONAL HOSPITAL INC  
Ref. Number: W18000005068

We have received your document for NORTH OAK REGIONAL HOSPITAL INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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.

Judy A Leggett  
Regulatory Specialist II  
Registration Section

Letter Number: 018A00001136

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
NORTH OAK REGIONAL HOSPITAL INC

**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:  
NAGI YOUSSEF

\_\_\_\_\_  
Name of Person  
NORTH OAK REGIONAL HOSPITAL INC

\_\_\_\_\_  
Firm/Company  
2347 KELBROOK CT

\_\_\_\_\_  
Address  
OVIEDO . FL 32765

\_\_\_\_\_  
City/State and Zip code  
RKHALIL25@GMAIL.COM

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

For further information concerning this matter, please call:

NAGI YOUSSEF                      330                      268-4995  
\_\_\_\_\_  
Name of Person                      at (\_\_\_\_\_)                      Daytime Telephone Number  
Area Code

**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.*

NORTH OAK REGIONAL HOSPITAL 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)  
MISSISSIPPI 64-0729402

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
08/04/2000

4. \_\_\_\_\_ 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)

401 GETWELL DRIVE, SENATOBIA MS 38668

7. \_\_\_\_\_  
(Principal office address)

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

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

NAGI YOUSSEF

Name: \_\_\_\_\_

2347 KELBROOK CT

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

OVIEDO

32765

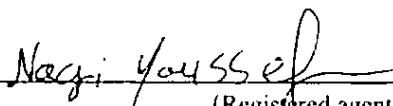
\_\_\_\_\_, Florida \_\_\_\_\_

(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.

FILED  
18 JAN 24 PM 3:18  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

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

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

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

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

Director: NAGI YOUSSEF

Address: 2347 KELBROOK CT , OVIEDO FL 32765

Director: BASSEM GIRGIS

Address: 7353 BELLA FORESTA PLACE , SANFORD, FL 32708

**B. OFFICERS**

President: NAGI YOUSSEF

Address: 2347 KELBROOK CT , OVIEDO FL 32765

Vice President: BASSEM GIRGIS

Address: 7353 BELLA FORESTA PLACE , SANFORD, FL 32708

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

12. Nagi Youssef 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. NAGI YOUSSEF - PRESIDENT

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



DELBERT HOSEMANN

*Secretary of State*

**Office of the Secretary of State**

Jackson, Mississippi

## Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 30th day of April, 1990, the State of Mississippi issued a Charter/ Certificate of Authority to:

**NORTH OAK REGIONAL HOSPITAL, INC.**

That the state of incorporation is California.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said NORTH OAK REGIONAL HOSPITAL, INC. is in good standing at this time.

Given under my hand and seal of office  
the 23rd day of January, 2018

A handwritten signature in black ink that reads "C. Delbert Hosemann, Jr." The signature is written in a cursive style.

C. DELBERT HOSEMANN, JR.  
*Secretary of State*

Certificate Number: CN18047390

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>

## Fax Transmission

**To:**

**From:** Rafik Khalil

**Fax:** 18502456030

**Date:** 1/23/2018 1:38:04 PM PST

**RE:**

**Pages:** 2

---

**Comments:**

Attn : Mrs / Judy

RECEIVED  
JAN 24 2018