

F18000000634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

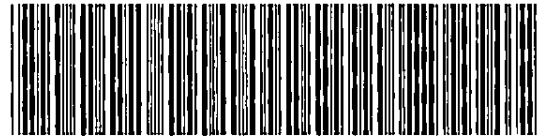
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W17-91832

Office Use Only



500305620085

11/15/17--01023--014 **837.50

01/22/18--01018--012 **87.50

02/07/18--01033--001 **162.50

FILED
18 FEB 7 AM 9:49
TALLAHASSEE, FLORIDA

FEB 07 2018

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 22, 2018

DARRYL A AUSTON, MD
167 WELLWOOD AVENUE
SAINT JOHNS, FL 32259

SUBJECT: DARRYL A AUSTON, MD PROF.CORP
Ref. Number: W17000091832

We have received your document for DARRYL A AUSTON, MD PROF.CORP and your check(s) totaling \$637.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

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 \$162.50.

There is a balance due of \$162.50.

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 717A00023319

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DARRYL A. AUSTON, MD, PROF. 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:

DARRYL A. AUSTON, MD

Name of Person

DARRYL A. AUSTON, MD, PROF. CORP.

Firm/Company

167 WELLWOOD AVENUE

Address

SAINT JOHNS, FL 32259

City/State and Zip code

DARRYL.AUSTON@GMAIL.COM

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

For further information concerning this matter, please call:

DARRYL A. AUSTON, MD

Name of Person

at (443) 452-7758

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

2017 NOV 13 AM 8:13

**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. DARRYL A. AUSTON, MD, PROF. CORP.

(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. GEORGIA

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

3. 81-3326888

(FEI number, if applicable)

4. 6/21/2016

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. 9/1/2016

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

7. ORANGE PARK MEDICAL CENTER; 2001 KINGSLEY AVENUE, ORANGE PARK, FL. 32073

(Principal office address)

167 WELLWOOD AVENUE, SAINT JOHNS, FL 32259

(Current mailing address, if different)

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

Name: DARRYL A. AUSTON, MD

Office Address: 167 WELLWOOD AVENUE

SAINT JOHNS

(City)

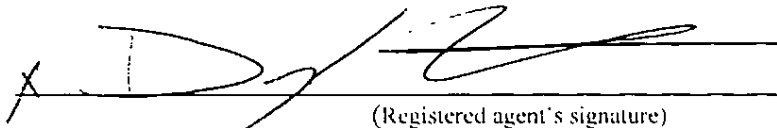
Florida 32259

(Zip code)

FILED
18 FEB -7 AM 9:49
ALLIANCE SEC. FLORIDA

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.

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

A. DIRECTORS

Chairman: DARRYL A. AUSTON, MD

Address: 167 WELLWOOD AVENUE, SAINT JOHNS, FL 32259

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: DARRYL A. AUSTON, MD

Address: 167 WELLWOOD AVENUE, SAINT JOHNS, FL 32259

Vice President: DARRYL A. AUSTON, MD

Address: 167 WELLWOOD AVENUE, SAINT JOHNS, FL 32259

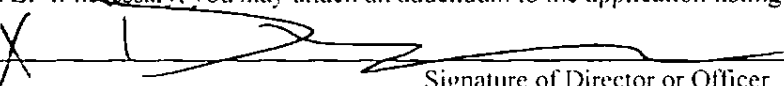
Secretary: DARRYL A. AUSTON, MD

Address: 167 WELLWOOD AVENUE, SAINT JOHNS, FL 32259

Treasurer: DARRYL A. AUSTON, MD

Address: 167 WELLWOOD AVENUE, SAINT JOHNS, FL 32259

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

12. X  _____
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. DARRYL A. AUSTON, MD

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

FILED
18 FEB - 27 AM 9:49
CLERK OF STATE
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

Darryl A. Auston, 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 : 15040853
Date Inc/Auth/Filed: 06/21/2016
Jurisdiction : Georgia
Print Date : 01/10/2018
Form Number : 211



A handwritten signature in black ink, appearing to read "B: P. Kemp".

Brian P. Kemp
Secretary of State