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Florida Department of State  
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Account Number : I20070000019  
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## FOREIGN PROFIT/NONPROFIT CORPORATION

### SHERIF EL-SALAWY MEDICAL P.C. INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

K. SALY  
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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.

SHERIF EL-SALAWY MEDICAL P.C. INC

1. SHERIF EL-SALAWY MEDICAL P.C. INC  
(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)

NEW YORK

2. NEW YORK 3.   
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. OCTOBER 13, 2013 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. 486 TOWN PLAZA AVE., SUITE 420, PONTE VEDRA, FL 32081  
(Principal office address)

(Current mailing address, if different)

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

Name: SHERIF MAHMOUD SAID EL-SALAWY

Office Address: 486 TOWN PLAZA AVE., SUITE 420  
PONTE VEDRA, Florida 32081  
(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.*

S. El-Salawy

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

**A. DIRECTORS**

Chairman: SHERIF MAHMOUD SAID EL-SALAWY

Address: 486 TOWN PLAZA AVE., SUITE 420

PONTE VEDRA, FL 32081

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

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

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

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

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

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

**B. OFFICERS**

President: SHERIF MAHMOUD SAID EL-SALAWY

Address: 486 TOWN PLAZA AVE., SUITE 420

PONTE VEDRA, FL 32081

Vice President: \_\_\_\_\_

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

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

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

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

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

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

12. \_\_\_\_\_

*S. El-Salawy*  
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. SHERIF MAHMOUD SAID EL-SALAWY, GENERAL MANAGER

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

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TALLAHASSEE, FLORIDA

**State of New York  
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of SHERIF EL-SALAWY MEDICAL P.C. was filed on 10/30/2013, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 28th day of March  
two thousand and eighteen.*

Brendan W. Fitzgerald  
Executive Deputy Secretary of State