

FI8000004664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

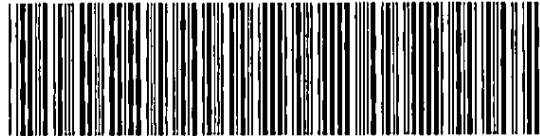
(Business Entity Name)

(Document Number)

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

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RECEIVED  
DEPARTMENT OF STATE  
18 OCT 15 AM 11:06  
FILED  
OCT 15 AM 11:06

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 430159 5061889

AUTHORIZATION *[Signature]*

COST LIMIT : \$ 70.00

ORDER DATE : October 9, 2018

ORDER TIME : 2:47 PM

ORDER NO. : 430159-005

CUSTOMER NO: 5061889

FILED  
OCT 15 2 45 PM '18

FOREIGN FILINGS

NAME: NATIVE CARDIO, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Native Cardio, Inc.

\_\_\_\_\_  
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:

Paul R. Weber, Esq.

_____ Wollmuth Maher & Deutsch LLP	_____ Name of Person
_____ 500 Fifth Avenue	_____ Firm/Company
_____ New York, New York 10110	_____ Address
_____ pweber@wmd-law.com	_____ City/State and Zip code
_____ E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Paul R. Weber, Esq.	212	382-3300
_____ Name of Person	at (_____) 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:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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. Native Cardio, 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)
2. Delaware 3. 82-5470978  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. May 8, 2018 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. 868 106th Avenue North, Suite 8, Naples, Florida 34119  
(Principal office address)
- \_\_\_\_\_  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Corporation Service Company
- Office Address: 1201 Hays Street
- Tallahassee, Florida 32301  
(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.*

**Emily Croft**

Corporation Service Company  
By: Emily Croft Asst. Vice President  
(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: SEE ANNEX A FOR ADDITIONAL DIRECTORS

**A. DIRECTORS**

Chairman: Dr. Joseph Pergolizzi, Jr.

Address: 868 106th Avenue North, Suite 8, Naples, Florida 34119

Vice Chairman: None

Address:

Director: Dr. Young D. Kim

Address: 868 106th Avenue North, Suite 8, Naples, Florida 34119

Director: Pedro Granadillo

Address: 868 106th Avenue North, Suite 8, Naples, Florida 34119

**B. OFFICERS**

President: Dr. Joseph Pergolizzi, Jr.

Address: 868 106th Avenue North, Suite 8, Naples, Florida 34119

Vice President:

Address:

Secretary: Dr. Joseph Pergolizzi, Jr.

Address: 868 106th Avenue North, Suite 8, Naples, Florida 34119

Treasurer: Dr. Joseph Pergolizzi, Jr.

Address: 868 106th Avenue North, Suite 8, Naples, Florida 34119

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

12. Joseph Pergolizzi, M.D.  
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. Dr. Joseph Pergolizzi, Jr., President

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

**ANNEX A**  
**TO**  
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO**  
**TRANSACT BUSINESS IN FLORIDA**

**Section 11.A. – Directors (Additional Directors)**

Director: Dr. Mark Kroll

Address: 868 106th Avenue North, Suite 8, Naples, Florida 34119

Director: Christine Mikail Cvijic

Address: 868 106th Avenue North, Suite 8, Naples, Florida 34119

FILED  
2021 MAY 15 4 35 PM  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF DADE  
FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "NATIVE CARDIO, INC." IS DULY  
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD  
STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS  
OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NATIVE CARDIO,  
INC." WAS INCORPORATED ON THE EIGHTH DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES  
HAVE BEEN ASSESSED TO DATE.

FILED  
OCT 19 2018



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SR# 20187055487

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 203576405

Date: 10-09-18