## P19000001073

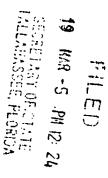
| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| SUFFIX W19-16365                        |  |  |  |  |

Office Use Only



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O SIMMONS MAR () 62019



February 18, 2019

KIMBERLY YENNER 15 E RIDGE PIKE, STE 101 THE BLOCK TEITELMAN GROUP CONSHOHOCKEN, PA 19428

SUBJECT: RONALD M. GOODMAN, D.O., P.A.

Ref. Number: W19000016365

We have received your document for RONALD M. GOODMAN, D.O., 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):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Letter Number: 719A00003491

Octavia L Simmons Regulatory Specialist III

01:11:1/ 2-2.160Z

## **COVER LETTER**

| ТО:    | Registration Sec<br>Division of Corp  |  |               |  |  |
|--------|---|--|---------------|--|--|
| SUBJ   | ECT: RONALD   | M. GOODMAN, D  | O., P.A.      |  |  |
| 222    |   |  |               | - must include suffix  |  |
| Dear S | Sir or Madam:   |  |               |  |  |
| "Certi | ficate of Existence   |  | of Good Stai  | nding" and check are sul   | net Business in Florida,"<br>bmitted to register the               |
| Please | return all corresp  | ondence concerni                                     | ng this matte | r to the following:  |  |
| KIMB   | ERLY YENNER, C  | 'PA  |               |  |  |
|        |   |  | Name of       | Person   |  |
| THEB   | LOCK TEITELMA   | AN GROUP   |               |  |  |
|        |   |  | Firm/Con      | ıpany  |  |
| 15 E R | IDGE PIKE, STE I  | 01   |               |  |  |
|        |   |  | Addr          | ess  |  |
| CONS   | HOHOCKEN, PA  | 9428   |               |  |  |
|        |   |  | City/State a  | nd Zip code  |  |
| kim@ł  | olockepa.com  | r* 11 11   | <u> </u>      | 5 5  | .,,  |
|        |   | E-mail address:                                      | (10 be used   | for future annual report   | notification)  |
| For fu | rther information   | concerning this ma                                   | atter, please | call:  |  |
| KIMB   | ERLY YENNER   |  | at (610       | ) 941-1040   |  |
|        | Name of Person  |  | Area Cod      |  | phone Number   |
| 12-1   | Registration Sec<br>Division of Corp<br>Clifton Building<br>2661 Executive<br>Tallahassee, FL | porations<br>S<br>Center Circle<br>32301             |               | MAILING A<br>Registration S<br>Division of C<br>P.O. Box 632<br>Tallahassee, I | Section<br>orporations<br>7  |
|        | oed is a check for (  | the following amo<br>\$78.75 Filing<br>Certificate o | Fee & C       | 3 \$78.75 Filing Fee &<br>Certified Copy                                       | ☐ \$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.

| DE  | able in Florida, enter alternate corporate name ado  | -0256910   | business in Florida) |
|---|--|--|----------------------|
| (State or countr  | y under the law of which it is incorporated)   | (FEI number, if appli  | icable)              |
| 01/30/1981  | 5  | (D. 61 in                        |                      |
|   | of incorporation)  | (Date of duration, if other th                                       | an perpetual)        |
| 07/01/2018  | (Date first transacted business in FI<br>(SEE SECTIONS 607.1501 & 607.1502   |  | )                    |
| _2210 SANDERL   | NG LANE, VERO BEACH, FL 32963 (Principal   | office address)  |                      |
|   |  | ,  | - S <b>19</b>        |
|   | (Current mailing ;   | address, if different)   | 12.13                |
|   | et address of Florida registered agent: (P.O. I  | Box <u>NOT</u> acceptable)   | MA-5 P               |
| Name:   | RONALD M GOODMAN   | _  |                      |
| Office Address:   | 2210 SANDERLING LANE   | _  | PH 12: 24            |
|   | VERO BEACH   | , Florida 32963  | <i>y</i> •           |
|   | (City)   | (Zip code)   |                      |
| laving been nam<br>esignated in this<br>urther agree to c | ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointmen omply with the provisions of all statutes rela amiliar with and accept the obligations of n | nt as registered agent and agree<br>itive to the proper and complete | to act in this capa  |

0. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to 10 Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction or other half of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Address: Director: Address: \_\_\_\_\_ Director: Address: \_\_\_\_\_ **B. OFFICERS** President: RONALD M. GOODMAN Address: 2210 SANDERLING LANE VERO BEACH, FL 32963 Vice President: TE: If necessary, you may attach an addendum to the approxion listing additional officers and/or directors. Signature of Director on Officer officer or director signing this document (and who is listed in humber 11 above) affirms that the facts stated herein rue and that he or she is aware that false information submitted in a document to the Department of State constitutes d degree felony as provided for in s.817.155, F.S.

QUNALD M. GOODMAN, PRESIDENT

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RONALD M. GOODMAN, D.O.; P.A." 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 FIFTEENTH DAY OF JANUARY, A.D. 2019.



Authentication: 202080370

Date: 01-15-19