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2019-06-10 15:39:12 CST 16082372310 From: CLS-CTSB-BFI BFI Processing Fa

5/30/2019

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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FOREIGN PROFIT/NONPROFIT CORPORATION

Sayville Medical and Rehab P.C.

Certificate of Status	0
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Page Count	04
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June 3, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BUSINESS FILINGS

SUBJECT: SAVILLE MEDICAL AND REHAB P.C., P.A.
REF: W19000053030

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Florida law does not provide for the recognition of a foreign professional corporation. An acceptable corporate suffix will need to be added to your entity name for this Department to accept and file your document.

The alternate name needs a corporate suffix,

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) 245-6052.

Brooke N Kinsey
Regulatory Specialist II

FAX Aud. #: H19000173307
Letter Number: 919A00010948

Fax Audit #H190001733073

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.

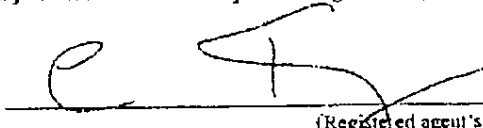
1. Sayville Medical and Rehab P.C.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

Sayville Medical and Rehab P.C., Corp.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. New York 3. 82-1858236
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 3/23/2015 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. 4/1/2019
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 160 Middle Road, Suite 100, Sayville, New York 11782
(Principal office address)

(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Edward Tanza
Office Address: 52 Tuscan Way, Suite 202-377
St. Augustine Florida 32092
(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.

Fax Audit #H190001733073

2019 JUN 11 AM 10:00
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Fax Audit # H190001733073

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Dr. Mitchell Ehrlich

Address: 160 Middle Road, Suite 100, Sayville, New York 11782

Director: _____

Address: _____

B. OFFICERS

President: Dr. Mitchell Ehrlich

Address: 160 Middle Road, Suite 100, Sayville, New York 11782

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. *Mitchell Ehrlich, Pres.*

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. Mitchell Ehrlich, President

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

Fax Audit # H190001733073

FILED

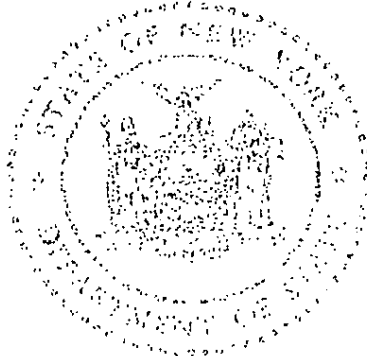
JUN 11 11:11:00
CLERK OF COURT
CLERK OF COURT

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of SAYVILLE MEDICAL AND REHAB P.C. was filed on 03/23/2015, under the name of ISLAND PHYSICAL MEDICINE AND REHAB P.C., 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.

A Certificate of Amendment ISLAND PHYSICAL MEDICINE AND REHAB P.C., changing its name to LOMA MEDICAL P.C., was filed 06/07/2017.

A Certificate of Amendment LOMA MEDICAL P.C., changing its name to SAYVILLE MEDICAL AND REHAB P.C., was filed 02/14/2018.



WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 29th day of April two
thousand and nineteen.

A handwritten signature in black ink, appearing to read "Whitney Clark".

Whitney Clark
Deputy Secretary of State