

F19000002709

2019-06-10 15 46 36 CST 16082372310 From CLS-CTSB-BFI BFI Processing Fax

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H190001728123)))



H190001728123ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
BACK TO HEALTH MEDICAL CARE P.C.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

-817-6381

2019-06-10 15:46:36 CST 16082372310 From CLS-CTSB-BFI BFI Processing Fax
8/3/2019 11:14:45 AM PAGE 1/001 Fax Server



June 3, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BUSINESS FILINGS

SUBJECT: BACK TO HEALTH MEDICAL CARE P.C.
REF: W19000053120

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

On the alternate name line please remove "P.C. P.A." & add proper 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) 245-6051.

Zakiya M Brown
Regulatory Specialist II

FAX Aud. #: H19000172812
Letter Number: 419A00010979

Fax Audit # H490001728123

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDAIN COMPLIANCE WITH SECTION 607.1303, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.1. BACK TO HEALTH MEDICAL CARE P.C.(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")Back to Health Medical Care P.C., Corp.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York

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

3. 82-5365667

(FEI number, if applicable)

4. 4/20/2018

(Date of incorporation)

5. Perpetual

(Date of duration, if other than perpetual)

6. Upon Qualification(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1301 & 607.1302, F.S., to determine penalty liability)7. 690 Broadway Suite 100, Massapequa, New York 11758

(Principal office address)

(Current mailing address, if different)

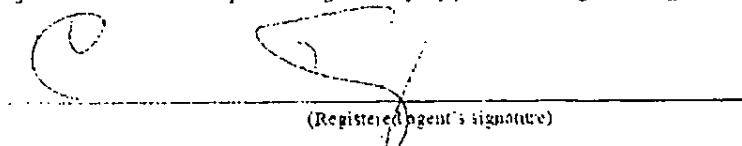
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: Edward TanzaOffice Address: 52 Tuscan Way, Suite 202-377St. Augustine

(City)

Florida 32095

(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 # H490001728123

FILED

2019 JUN 11 AM 10:10

Fax Circuit # H190001728125

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Dr. Darron Yelling

Address: 690 Broadway Suite 100, Massapequa, New York 11758

Director: _____

Address: _____

B. OFFICERS

President: Dr. Darron Yelling

Address: 690 Broadway Suite 100, Massapequa, New York 11758

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. _____
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. Darron Yelling, President

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

FILED

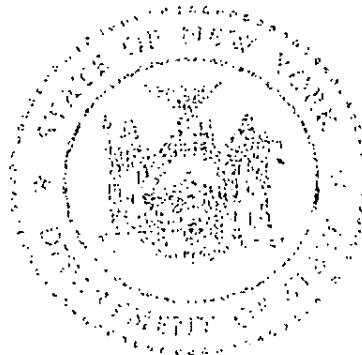
Fax Circuit # H190001728123

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 LCMA MEDICAL P.C., was filed 05/07/2017.

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