

F19000003096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

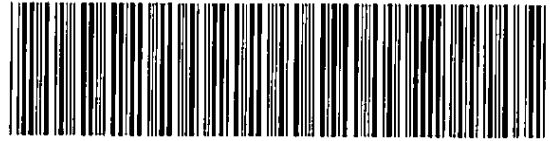
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900331535469

07/09/19--01002--009 **405.00

19 JUL -8 PM 31 51

RECEIVED
CLERK OF STATE

RECEIVED
CLERK OF STATE
TALLAHASSEE, FLORIDA

19 JUL -8 AM 5:08

FILED

K. SALY

JUL -9 2019

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 7/8/2019

****WALK IN****

ENTITY NAME SANDLER OCCUPATIONAL MEDICINE ASSOCIATES, INC.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED 70.00

CHECK # 6325

Please call Tina at the above number for any issues or concerns. Thank you so much!

**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.*

Sandler Occupational Medicine Associates, Inc.

1. _____
(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)
Delaware 52-1413587

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
06/25/2010

4. _____ 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)
125 Baylis Road, Suite 120, Melville, New York 11747

7. _____
(Principal office address)

(Current mailing address, if different)

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

United Corporate Services, Inc.

Name:

9200 South Dadeland Blvd. - Suite 508

Office Address:

Miami

33156

_____, Florida _____
(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.*



Michael A. Barr, 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.

FILED
19 JUL -8 AM 5:08
RECEIVED
TALLAHASSEE, FLORIDA

FILED
19 JUL -8 AM 5:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Howard M. Sandler, M.D.

Director: _____

125 Baylis Road, Suite 120, Melville, New York 11747

Address: _____

Director: _____

Address: _____

B. OFFICERS

Howard M. Sandler, M.D.

President: _____

125 Baylis Road, Suite 120, Melville, New York 11747

Address: _____

Richard Blume

Vice President: _____

125 Baylis Road, Suite 120, Melville, New York 11747

Address: _____

Howard M. Sandler, M.D.

Secretary: _____

125 Baylis Road, Suite 120, Melville, New York 11747

Address: _____

Howard M. Sandler, M.D.

Treasurer: _____

125 Baylis Road, Suite 120, Melville, New York 11747

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.

Sandy Freeman, Chief Executive Officer

13. _____

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

ADDENDUM TO
APPLICATION BY FOREIGN CORPORATION
TO TRANSACT BUSINESS IN FLORIDA
OF

SANDLER OCCUPATIONAL MEDICINE ASSOCIATES, INC.

11. Name and Business Addresses of officers and/or directors (Continued):

B. OFFICERS

<u>Name</u>	<u>Title</u>	<u>Address</u>
Sandy Freeman	Chief Executive Officer	125 Baylis Road, Suite 120 Melville, NY 11747
Todd Freeman	Chief Technology Officer	125 Baylis Road, Suite 120 Melville, NY 11747

FILED
19 JUL -8 AM 5:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SANDLER OCCUPATIONAL MEDICINE ASSOCIATES, 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 EIGHTH DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SANDLER OCCUPATIONAL MEDICINE ASSOCIATES, INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF JUNE, A.D. 2010.

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

FILED
19 JUL -8 AM 5:08
SECRETARY OF STATE
DELAWARE
FALLAHASSEE, FLORIDA



4841019 8300

SR# 20195841205

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 203168343

Date: 07-08-19