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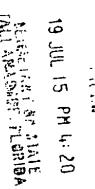
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B KINE



June 17, 2019

PHILIP CLARKE 1505 N FLORIDA AVE TAMPA, FL 33602

SUBJECT: ASCLEPES RESEARCH CENTERS, P.C.

Ref. Number: W19000057061

We have received your document for ASCLEPES RESEARCH CENTERS, P.C. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

On the alternate name line, place the name exactly how it is on the certificate of existence, along with 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) 245-6051.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 419A00012088

RECEIVED
JUL 1 5 Z019

COVER LETTER

_	ration Secon on of Cor					
SUBJECT:	ASCLEPI	ES RESEARCH CE	ENTERS, P.	.C.		
SOBJECT.		Name	of corpora	ion - m	ist include suffix	
Dear Sir or Ma	adam:					
"Certificate of	Existence	-	of Good S	Standing	and check are sub	ct Business in Florida," omitted to register the
Please return a	ıll corresp	ondence concern	ing this ma	itter to t	ne following:	
PHILIP K. CLA	ARKE, ES	Q				
	<u> </u>		Name	of Pers	on	.
KASS SHULEI	R. P.A.					
			Firm/C	Company	,	
1505 N. FLORI	ida ave.					
TAMBA UL 22	2602		A	ddress		
TAMPA, FL 33				1.55		
eserviceclarke@	akasslaw r	om.	City/Sta	te and Z	ip code	
	ykussii v.e		s: (to be us	ed for fi	iture annual report i	notification)
For further inf	ormation	concerning this n	natter inlea	se call:	·	
101 futifier fill	Offination	concerning uns n	iatter, prea	se can.		
PHILIP K. CLA	ARKE		813 at (;	129-0900 (Ext. 1305)	
Name	of Person	n	Area (Code	Daytime Telep	hone Number
Regist Divisio Cliftor 2661 F Tallah	tration Secon of Cor on of Cor n Building Executive nassee, FL	porations 2 Center Circle 32301			MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	ection orporations 7
Enclosed is a c	check for	the following ame	ount:			
■ \$70.00 Fili	ng Fee	☐ \$78.75 Filin Certificate (8.75 Filing Fee & rtified Copy	S87.50 Filing Fee. Certificate of Status & 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.

ASCLEPES RESEARCH CENTERS, P.C.

	orporation; must include "INCORPORATED," 'orp," "Inc," "Co," or "Corp.")	COMPANT, CORPORATION,	•		
ASCLEPES RE	SEARCH CENTERS. P.C., CORP.				
	ible in Florida, enter alternate corporate name ad				
April 28, 2015	y under the law of which it is incorporated) 5.				
(Date	of incorporation)	(Date of duration, if other than perpetual)			
7	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150 AVENUE, LOS ANGELES, CA 90027 (Principa	2, F.S., to determine penalty liabilit	y)		
	(Current mailing	address, if different)			
8. Name and stree Name:	et address of Florida registered agent: (P.O. PHILIP K. CLARKE, ESQ.	Box NOT acceptable)	19 JUL 15 PM 4: 2		
Office Address:	1505 N. FLORIDA AVE.		JUL 15 PM 4: 21		
	ТАМРА	, Florida	7 7 C		
9. Registered ag Having been nam	(City) ent's acceptance:	(Zip code)	TONIE # IVIE #: 50		

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, 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 the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdictic under the law of which it is incorporated.

A. DIRECTORS ANIL SHARMA, M.D. Chairman: 14860 Roscoe Blvd, Suite 304 Address: Panorama City, CA 91402 Vice Chairman: Address: ___ Address: Address: __ B. OFFICERS ANIL SHARMA, M.D. 14860 Roscoe Blvd, Suite 304 Address: _ Panorama City, CA 91402 Vice President: Address: Treasurer: ____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. ANIL SHARMA, M.D., PRESIDENT (Typed or printed name and capacity of person signing application)

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

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

ASCLEPES RESEARCH CENTERS, P.C.

FILE NUMBER:

C3780479

FORMATION DATE:

04/28/2015

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certific and affix the Great Seal of the State of California this day of May 20, 2019.

ALEX PADILLA Secretary of State