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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

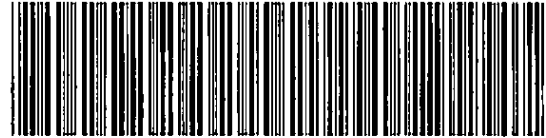
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 SEP 16 PM 4:25

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SEP 16 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2019

RAJESH VINDHYA
2141 MAJESTIC OAKS BLVD
CLEARWATER, FL 33759

SUBJECT: CHAND MEDICAL PROFESSIONAL CORPORATION
Ref. Number: W19000080774

We have received your document for CHAND MEDICAL PROFESSIONAL CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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: 319A00018673



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 4, 2019

RAJESH VINDHYA
2141 MAJESTIC OAKS BLVD
CLEARWATER, FL 33759

SUBJECT: CHAND MEDICAL PROFESSIONAL CORPORATION
Ref. Number: W19000080774

We have received your document for CHAND MEDICAL PROFESSIONAL CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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: 419A00018202

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHAND MEDICAL P.C.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

RAJESH VINDHYA
Name of Person
CHAND MEDICAL P.C.
Firm/Company
2141 MAJESTIC OAKS BLVD
Address
CLEARWATER, FL 33759
City/State and Zip code
rajeshvindhya@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAJESH VINDHYA at (917) 272-5107
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 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.*

1. CHAND MEDICAL P.C., Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

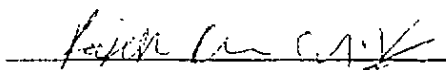
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. NEW YORK 3. 81-3802391
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 09/06/2016 5. _____
(Date of incorporation) (Date of duration, 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)
7. 2141 Majestic Oaks Blvd, Clearwater, FL.
(Principal office address)
- _____
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
 Name: Rajesh Vindhya
 Office Address: 2141 Majestic Oaks Blvd
Clearwater, Florida 33759
 (City) (Zip code)

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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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Rajesh Vindhya

Address: 2141 Majestic Oaks Blvd

Clearwater, FL 33759

Director: _____

Address: _____
_____**B. OFFICERS**

President: _____

Address: _____

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. Rajesh Vindhya

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. Rajesh Vindhya, Director

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

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of CHAND MEDICAL P.C. was filed on 09/06/2016, 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.

The Biennial Statement is past due.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 16th day of August 120
thousand and nineteen.*

Brendan C Hughes

*Brendan C Hughes
Executive Deputy Secretary of State*