# F2000000 ark

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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> US Walat



June 5, 2020

JONATHAN LANDOW 3530 MYSTIC POINTE DRIVE SUITE:1402 AVENTURA, FL 33180

SUBJECT: BIRCH MEDICAL & DIAGNOSTIC, P.C.

Ref. Number: W20000056088

We have received your document for BIRCH MEDICAL & DIAGNOSTIC, P.C. and your check(s) totaling \$87.50. 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.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$150.00.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Yvette Scott Document Specialist II

RECEIVED

Letter Number: 620A00011171

JUN 1 7 2020

#### **COVER LETTER**

TO: Registration Section Division of Corporations			
Birch Medical & Diagno	ostic, P.C.		
SUBJECT: N	ame of corporation	on - must include suffix	<del></del>
Dear Sir or Madam:			
The enclosed "Application by Foreig "Certificate of Existence," or "Certifabove referenced foreign corporation	icate of Good Sta	anding" and check are subn	Business in Florida."  nitted to register file
Please return all correspondence con Jonathan Landow	cerning this matte	er to the following:	PH PH
Birch Medical & Diagnostic, P.C.	Name o	f Person	STATE LOND
	Firm/Co	mpany	
3530 Mystic Pointe Drive, Suite 1402		, .	
	Add	lress	· <del>-</del>
Aventura, FL 33180			
	City/State	and Zip code	
JSLandow@gmail.com			
E-mail ad	dress: (to be used	for future annual report no	otification)
For further information concerning t	his matter, please	call:	
Jonathan Landow	212 at (	996-2201	
Name of Person	Area Co	de Daytime Teleph	one Number
STREET/COURIER ADD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit Tallahassee, FL 32303		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations
•		TT OF STATE  \$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.

Birch Medical &	& Diagnostic, P.C.		
(Enter name of co	orporation: must include "INCORPORATED." orp," "Inc," "Co," or "Corp,")	" "COMPANY," "CORPORATION,"	
BIRCH	MEDICAL & DIALING	STIC PROFESSIONAL	CORPORATION
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting busine	ss in Florida)
New York 2.	3.	(FEI number, if applicable)	
October 4, 2002		Perpetual	
November 29,2		(Date of duration, if other than perp	2020 JUNI
3530 Mystic Poin	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 ate Drive, Suite 1402 Aventura, FL 33180	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	UN 17
/	(Principal offi	ice <u>street</u> address)	<b>是3</b> 5
.,	(Current mailin	ng address, if different)	प्राप्त क
9 Name and street	t address of Florida registered agent: (P.C	) Roy NOT accordable)	
Name:	Jonathan Landow	o. Box 1807 acceptable)	
Office Address:	3530 Mystic Pointe Drive, Suite 1402		
		33180 Florida	
	(City)	(Zip code)	
designated in this further agree to co	ed as registered agent and to accept servi application, I hereby accept the appointn omply with the provisions of all statutes r with and accept the obligations of my po	nent as registered agent and agree to act clative to the proper and complete perfo- sition as registered agent.	in this capacity. 1
	(Registered agent's si	ignature)	

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.

A. DIRECTORS	~ *					
Chairman	Jonathan Landow Name:	□Chairman	Name:			
□Vice Chairman	3530 Mystic Pt Dr. Aventura, FL. F Address:	□Vice Chairman	Address:			
□Director		□Director				
■ President	Jonathan Landow	□President				
□Vice President		□Vice President				
□ Secretary	□Treasurer	☐ Secretary	□Treasurer			
□Other	□Other	□Other	□Other			
□ Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		Director	Address:			
□President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	☐ Secretary	☐Treasurer 6			
□Other	Other	□Other				
□Chairman	Name:	□Chairman	Name;			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	□Secretary	□Treasurer			
□Other	Other	□Other	Other			
Important Notice: 1 individuals may by	ise an attachment to report more than six (6). The att added to the index when filing your Florida Departm	achment will be image ient of State Annual Re	ed for reporting purposes only. Non-indexed eport form.			
·-·	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.						

## State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of BIRCH MEDICAL & DIAGNOSTIC, P.C. was filed on 10/04/2002, 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.



2020 JUN 17 PH 3: 06

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WITNESS my hand and the official seal of the Department of State at the City of Albany, this 05th day of June two thousand and twenty.

Brada C Hyles

Brendan C Hughes Executive Deputy Secretary of State