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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

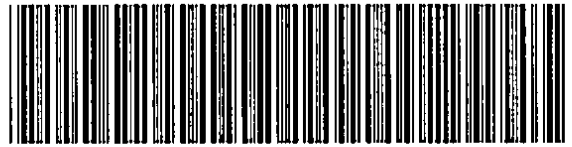
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TALLAHASSEE, FL

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2/3/21



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 8, 2021

MELODY LANKFORD, ESQ  
140 SOUTH BEACH STREET  
SUITE 310  
DAYTONA BEACH, FL 32114

SUBJECT: MARK DAVID SHERMAN, M.D., P.A.  
Ref. Number: W21000001883

We have received your document for MARK DAVID SHERMAN, M.D., P.A. 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.

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

Letter Number: 821A00000437

RECEIVED  
JAN 29 2021

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MARK DAVID SHERMAN, M.D., P.A.  
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:

Melody Lankford, Esq.

\_\_\_\_\_  
Name of Person

Lankford Law Firm, PA

\_\_\_\_\_  
Firm/Company

140 South Beach Street, Suite 310

\_\_\_\_\_  
Address

Daytona Beach, FL 32114

\_\_\_\_\_  
City/State and Zip code

mlankford@lankfordlawfirm.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melody Lankford at ( 850 ) 264-7004

\_\_\_\_\_  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$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
- Check #83*

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**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. MARK DAVID SHERMAN, M.D., P.A., INC  
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

MARK D SHERMAN, M.D., P.A. FLIGHT PHYSICALS INC

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

2. New Jersey 3. 22-2334181  
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/24/1980 5. \_\_\_\_\_  
 (Date of incorporation) (Date of duration, if other than perpetual)

6. March 1, 2020  
 (Date first transacted business in Florida, if prior to registration)  
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2680 Slow Flight Drive, Port Orange, FL 32128  
 (Principal office street address)

(Current mailing address, if different)

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

Name: Lankford Law Firm, PA

Office Address: 140 South Beach Street, Suite 310

Daytona Beach, Florida 32114  
 (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.*

Melody Lankford, ESQ.  
 (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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

Chairman Name: Mark D. Sherman

Vice Chairman Address: 2680 Slow Flight Drive

Director Port Orange, FL 32128

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_

Vice Chairman Address: \_\_\_\_\_

Director \_\_\_\_\_

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_

Vice Chairman Address: \_\_\_\_\_

Director \_\_\_\_\_

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_

Vice Chairman Address: \_\_\_\_\_

Director \_\_\_\_\_

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary

Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_

Vice Chairman Address: \_\_\_\_\_

Director \_\_\_\_\_

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_

Vice Chairman Address: \_\_\_\_\_

Director \_\_\_\_\_

President \_\_\_\_\_

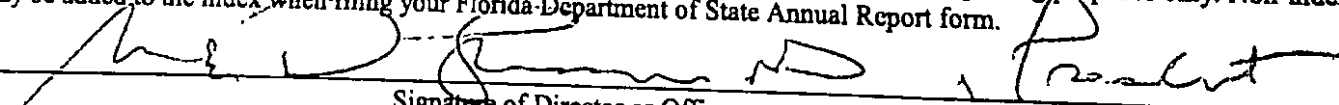
Vice President \_\_\_\_\_

Secretary  Treasurer

Other \_\_\_\_\_  Other \_\_\_\_\_

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**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 817.155, F.S.

Mark D. Sherman, President

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

STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING

MARK DAVID SHERMAN, M.D., P.A.  
0100126761

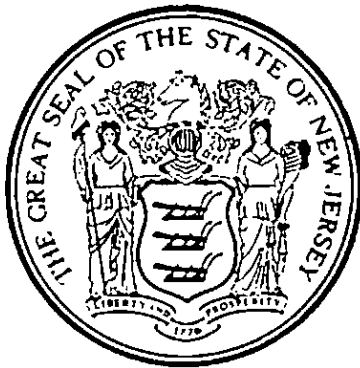
I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Professional Corporation was registered by this office on November 24, 1980.

Said business was placed in a pending Reinstatement Process on June 29, 2020, and as of the date of this certificate, has not yet been reinstated, and its Annual Reports are current.

I further certify that the last registered agent and registered office of record were:

MARK D SHERMAN  
85 CHESTNUT RIDGE RD  
MONTVALE, NJ 07645-1827

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TALLAHASSEE, FL



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
5th day of November, 2020

Elizabeth Maher Muoio  
State Treasurer

Certificate Number : 6112626408

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCertJSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCertJSP/Verify_Cert.jsp)