

F210000000684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

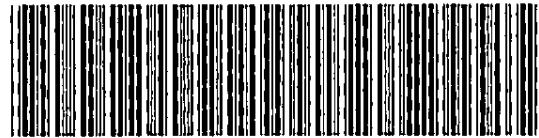
(Document Number)

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TALLAHASSEE, FL

US
2/3/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 13, 2021

MIRIAM ROSS
4930 SARAZEN DRIVE
HOLLYWOOD, FL 33021

SUBJECT: PARKWAY PAIN CARE & REHABILITATION, P.C.
Ref. Number: W21000003581

We have received your document for PARKWAY PAIN CARE & REHABILITATION, P.C. and your check(s) totaling \$78.75. 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.

THE DOCUMENT IS ILLEGIBLE AND NOT ACCEPTABLE FOR IMAGING,

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: 921A00000828

RECEIVED
FEB 1 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Parkway Pain Care and Rehabilitation, Co.
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:

Miriam ROSS
Name of Person

4930 Sarazen Drive
Firm/Company

Hollywood, FL 33021
Address

mystein45@gmail.com
City/State and Zip code

mystein45@gmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Dan Cytryn at (718) 941-6000
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

*already paid
(see Attached).*

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. Parkway Pain Care and Rehabilitation, PC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

Parkway Pain Care and Rehabilitation, Co.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York 3. 11-3343985
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/09/1996 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. 383 Ocean PKWY, Brooklyn NY 11238
(Principal office street address)

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(Current mailing address, if different)

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

Name: Miriam Boss

Office Address: 4930 Sarazen Drive

Hollywood, Florida 33021
(City) (Zip code)

Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place
signed 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.*

Miriam Boss

(Registered agent's signature)

Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to
Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction
the law of which it is incorporated.

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: Perry Stein
☐ Vice Chairman Address: 383 Ocean Pkwy
☐ Director Brooklyn, NY 11218
☒ 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 ☐ 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 _____

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.

1. Perry Stein 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 17.155, F.S.

President

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

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 SECRETARY OF STATE
 WILLIAM C. STEIN

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of PARKWAY PAIN CARE & REHABILITATION, P.C. was filed on 10/09/1996, 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.



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*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 18th day of December two
thousand and twenty.*

Brendan C Hughes

Brendan C Hughes
Executive Deputy Secretary of State