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Division of Corporations

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Florida Department of State  
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**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**WELCOME HEALTH FAMILY NP, P.C., INC**

Certificate of Status	0
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TALLAHASSEE, FL

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S. ROBERTS

JAN 14 2022

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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. WELCOME HEALTH FAMILY NP, P.C., INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

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

2. NEW YORK

(State or country under the law of which it is incorporated)

3. \_\_\_\_\_

(FEI number, if applicable)

4. 02/11/2014

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "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. 2500 E HALLANDALE BEACH BLVD, #406 HALLANDALE BEACH, FL 33009

(Principal office address)

2500 E HALLANDALE BEACH BLVD, #406 HALLANDALE BEACH, FL 33009

(Current mailing address)

8. NURSE PRACTITIONER IN FAMILY HEALTH

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: VLADIMIR BYHOVSKY

Office Address: 2500 E HALLANDALE BEACH BLVD, #406

HALLANDALE BEACH

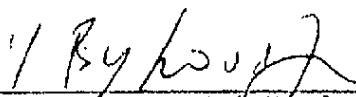
(City)

, Florida 33009

(Zip code)

10. 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)

11. 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.

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## 12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**Chairman: VLADIMIR BYHOVSKYAddress: 2500 E HALLANDALE BEACH BLVD, #406HALLANDALE BEACH, FL 33009

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

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**President: VLADIMIR BYHOVSKYAddress: 2500 E HALLANDALE BEACH BLVD, #406 HALLANDALE BEACH, FL 33009

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

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. VLADIMIR BYHOVSKY

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

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## STATE OF NEW YORK

## DEPARTMENT OF STATE

## Certificate of Status

I, ROBERT J. RODRIGUEZ, Acting Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: WELCOME HEALTH FAMILY NP, P.C.  
DOS ID Number: 4527900  
Entity Type: DOMESTIC PROFESSIONAL SERVICE CORPORATION  
Entity Status: EXISTING  
Date of Initial Filing with DOS: 02/11/2014  
Statement Status: CURRENT  
Statement Due Date: 02/29/2024

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: CERTIFICATE OF INCORPORATION  
Date of Filing: 02/11/2014  
Entity Name: WELCOME HEALTH FAMILY NP, P.C.

Document Type: CERTIFICATE OF CHANGE  
Date of Filing: 04/08/2014

Document Type: BIENNIAL STATEMENT  
Date of Filing: 01/12/2022

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Above space is left blank intentionally.

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

WITNESS my hand and official seal of the Department  
of State, at the City of Albany, on January 12, 2022 at  
01:46 P.M.



ROBERT J. RODRIGUEZ, Acting Secretary of State

A handwritten signature in black ink that reads "Brendan C. Hughes".

By Brendan C. Hughes  
Executive Deputy Secretary of State

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