

F-220000002657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

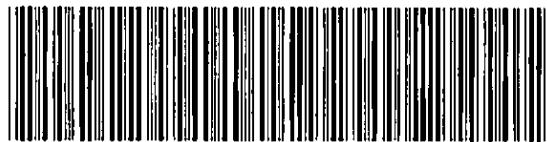
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K. Brumley

FLYING JET FILING  
REGISTRATIONS  
TALLAHASSEE, FLORIDA

2022 APR 27 PM 2:11

APR 29 2022  
K. Brumley

# Advanced Incorporating Service

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: wlopez@aisincfl.com  
Website: [www.aisincfl.com](http://www.aisincfl.com)

<b>NAME OF ENTITY</b>
<i>Aldad Medical P.C.</i>

FOR OFFICE USE ONLY

## PICK ONE:

CERTIFIED COPY  PHOTOCOPY  C.U.S.

## FILING:

CORPORATION  LLC  LIMITED PARTNERSHIP  GENERAL PARTNERSHIP  
 FICTITIOUS NAME  SERVICEMARK/TRADEMARK  AMENDMENT  
 FOREIGN QUALIFICATION  JUDGMENT LIEN  
 OTHER \_\_\_\_\_

## RETRIEVAL:

GOOD STANDING CERT/C.U.S.  CERTIFIED COPY  PHOTOCOPY  
Of \_\_\_\_\_

## APOSTILLE/NOTARY CERTIFICATION REQUEST:

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE 4/27/22 TIME \_\_\_\_\_

Notes: \_\_\_\_\_

**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. ALDAD MEDICAL P.C.**

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

**ALDAD MEDICAL INC**

(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. 07/08/2020**

(Date of incorporation) **5.** \_\_\_\_\_ (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. 510 Hempstead Turnpike, Suite 203, West Hempstead, NY 11552**

(Principal office street address)

\_\_\_\_\_ (Current mailing address, if different)

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

Name: Universal Registered Agents, Inc.

Office Address: 1317 California Street

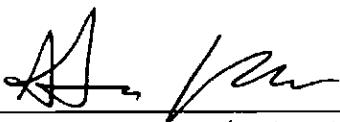
Tallahassee , Florida 32304  
(City) (Zip code)

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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. 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: Tamir Shay Aldad  
 Vice Chairman Address: 510 Hempstead  
 Director Turnpike, suite 203  
 President West Hempstead, NY 11552  
 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.

12. Tamir

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. Tamir Shay Aldad, Director

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

STATE OF NEW YORK

DEPARTMENT OF STATE

**Certificate of Status**

I, ROBERT J. RODRIGUEZ, 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:** ALDAD MEDICAL, P.C.  
**DOS ID Number:** 5782940  
**Entity Type:** DOMESTIC PROFESSIONAL SERVICE CORPORATION  
**Entity Status:** EXISTING  
**Date of Initial Filing with DOS:** 07/08/2020  
**Statement Status:** CURRENT  
**Statement Due Date:** 07/31/2022

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

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**Document Type:** CERTIFICATE OF INCORPORATION  
**Date of Filing:** 07/08/2020  
**Entity Name:** ALDAD MEDICAL, P.C.

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 April 26, 2022 at 01:02 P.M.

ROBERT J. RODRIGUEZ, Secretary of State



*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State

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