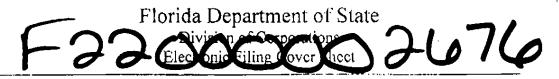
4/28/22, 1:58 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and hottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES.CORP

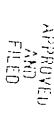
Account Number : 120040000031 Phone : (800)906-9220 Fax Number : (800)906-9880

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

FOREIGN PROFIT/NONPROFIT CORPORATION NATALIE MEDICAL P.C.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75



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Help

APR 29 2022

K. Brumbley

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.

NATALIE MEI	•		,
(Enter name of c	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,	
NATALIE MEI	DICAL PROFESSIONAL CORPORATION		
(If name unavail	able in Florida, enter alternate corporate nan	ne adopted for the purpose of transacting	business in Florida)
2. NEW YORK	:	3.	_
(State or countr 01/10/2003	y under the law of which it is incorporated)		
	of incorporation)	5. (Date of duration, if other th	ian perpetual)
6	·		
		s in Florida, if prior to registration) .1502, F.S., to determine penalty liability	y)
7	DRIVE #1705, HALLANDALE BEACH, F		
	(Principal c	office street address)	
	(Current ma)	ling address, if different)	
	(Current man	ang address, it differenty	
8. Name and stree	et address of Florida registered agent: (F	P.O. Box NOT acceptable)	
Name:	NATALIE ARNOFF		2022
Office Address:	1800 S. OCEAN DRIVE #1705	 . 	2022 APR 2
	HALLANDALE BEACH	, Florida 33009	- · · · · · · · · · · · · · · · · · · ·
	(City)	(Zip code)	A CD Y
9. Registered ag	ent's acceptance:		9:0
Having been nan	ed as registered agent and to accept see	rvice of process for the above stated	corporation at the place
further agree to o	application, I hereby accept the appoli- omply with the provisions of all statute, with and accept the obligations of my	s relative to the proper and complete	e to det in this capacity. The performance of my duties,
	Natalie Arnoff	·	
_	(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.

_	NATALIE ARNOFF		
	1800 S. OCEAN DRIVE #1705	□ Chuirmún	Name:
	Address: HALLANDALE BEACH, FL 33009	□Vice Chairman	Address:
Director _		☐ Director	
President		□President	
□Vice President		□ Vice President	
□Secretary	□Treasurer	☐ Secretary	□1'reasurer
Other	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
□Chairman	Name:	□ Chairman	Name:
∏Vice Chairman	Address:	□Vice Chairman	Address:
□ Director		Director	
☐ President		□President	
☐ Vice President		□Vice President	
☐ Secretary	☐ Treasurer	□ Secretary	□licosurer
□ Other	Other	□Other	□Other
individuals may be	Use an attachment to report more than six (6). The anadded to the index when filing your Florida Depart	tment of State Annual F	Report form.
12.	Natalie Amolf Signature of Directo	or or Officer	

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:

NATALIE MEDICAL P.C.

DOS ID Number:

2854968

Entity Type:

DOMESTIC PROFESSIONAL SERVICE CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

01/10/2003

Statement Status:

CURRENT

Statement Duc Date:

01/31/2023

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:

01/10/2003

Entity Name:

NATALIE MEDICAL P.C.

Document Type:

BIENNIAL STATEMENT

Date of Filing:

04/28/2022

Effective Date:

01/01/2021

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 28, 2022 at 01:51 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hydro

By Brendan C. Hughes
Executive Deputy Secretary of State

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