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Florida Department of State  
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FOREIGN PROFIT/NONPROFIT CORPORATION

93-17 MEDICAL OFFICE P.C. CORP

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S. ROBERTS

JUL 07 2022


# 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. 93-17 MEDICAL OFFICE P.C. CORP  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
2. New York 3. 113291307  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/04/1995 5. Perpetual  
(Date of incorporation) (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. ① 4008 FORLEY ST. ELMHURST NY 11373 (main)  
(Principal office address)  
② 2645 SouthWest 37th Avenue Suite 701, Miami FL 331  
(Current mailing address)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: Alain Sosa  
Office Address: 2645 SouthWest 37th Ave Suite 701  
Miami, Florida 33133  
(City) (Zip code)

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

## A. DIRECTORS

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

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

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

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

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

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

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

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

## B. OFFICERS

President: Annette PereaAddress: 4008 FORLEY St (Main Office)Elmhurst NY 11373Vice President: Alain SosaAddress: 4008 FORLEY St (Main Office)Elmhurst NY 11373

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

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

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

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

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

12. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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 constitute a third degree felony as provided for in s.817.155, F.S.

13. Annette Perea

(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 record 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: 93-17 MEDICAL OFFICE P.C.  
DOS ID Number: 1961874  
Entity Type: DOMESTIC PROFESSIONAL SERVICE CORPORATION  
Entity Status: EXISTING  
Date of Initial Filing with DOS: 10/04/1995  
Statement Status: CURRENT  
Statement Due Date: 10/31/2023

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: 10/04/1995  
Entity Name: 93-17 MEDICAL OFFICE P.C.

Document Type: BIENNIAL STATEMENT  
Date of Filing: 10/24/1997  
Effective Date: 10/01/1997

Document Type: BIENNIAL STATEMENT  
Date of Filing: 11/08/1999  
Effective Date: 10/01/1999

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Document Type:	BIENNIAL STATEMENT
Date of Filing:	10/10/2001
Effective Date:	10/01/2001

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Document Type:	BIENNIAL STATEMENT
Date of Filing:	10/15/2003
Effective Date:	10/01/2003

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Document Type:	BIENNIAL STATEMENT
Date of Filing:	12/01/2005
Effective Date:	10/01/2005

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Document Type:	BIENNIAL STATEMENT
Date of Filing:	10/30/2007
Effective Date:	10/01/2007

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Document Type:	BIENNIAL STATEMENT
Date of Filing:	11/16/2009
Effective Date:	10/01/2009

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Document Type:	BIENNIAL STATEMENT
Date of Filing:	07/01/2021

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 May 27, 2022 at  
10:35 A.M.

ROBERT J. RODRIGUEZ, Secretary of State



*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State