

Florida Department of State

F22000006872
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : USACORP INC.
Account Number : 120130000019
Phone : (718)362-4789
Fax Number : (718)408-2550

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

Email Address: brighidagannon@gmail.com

FOREIGN PROFIT/NONPROFIT CORPORATION
PSYCHIATRIC NURSE PRACTITIONER P.C.

Certificate of Status	0
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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. PSYCHIATRIC NURSE PRACTITIONER P.C.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

PSYCHIATRIC NURSE PRACTITIONER INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/16/2019 5. Perpetual
(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. 333 SE 2nd Avenue, Suite 2000, Miami, FL 33131
(Principal office street address)
333 SE 2nd Avenue, Suite 2000, Miami, FL 33131
(Current mailing address, if different)

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

Name: Levi Vogel
Office Address: 9507 NW 38th Street
Coral Springs, Florida 33065
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.*

/S/ Levi Vogel
(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]:

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A. DIRECTORS

☐ Chairman Name: Brigid A. Gannon
☐ Vice Chairman Address: 191 Orchard Street, Apt 4D
☐ Director New York, NY 10002
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Pritma Dhillon-Chattha
☐ Vice Chairman Address: 1412 Prospect Avenue SW
☐ Director Calgary, Alberta T2T 0X6, Canada
☐ 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. /s/ Brigid A. Gannon

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. Brigid A. Gannon, President

(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, 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:	PSYCHIATRIC NURSE PRACTITIONER P.C.
DOS ID Number:	5534580
Entity Type:	DOMESTIC PROFESSIONAL SERVICE CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	04/16/2019
Statement Status:	CURRENT
Statement Due Date:	04/30/2023

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 November 07, 2022 at 01:36 P.M.

ROBERT J. RODRIGUEZ, Secretary of State



Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

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