

F24000003454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

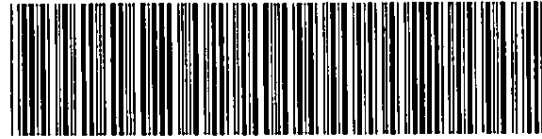
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DATE: 06/25/24

NAME: APARNA MEDICAL ASSOCIATES, INC.

TYPE OF FILING: APPLICATION

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



File - 2nd

Aparna Medical Associates

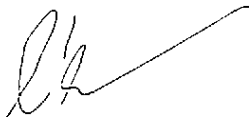
2186, Route 27, Suite 1B, North Brunswick, NJ 08902

June 25, 2024

To Whom it may concern,

I am the President of Aparna Medical Associates, Inc., a Florida profit corporation. I do not plan to revoke the dissolution and release the name to be used.

Sincerely,



Aparna Chandrasekaran

2024 JUN 26 11:10:16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: APARNA MEDICAL ASSOCIATES, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Ann S. Johnson

Name of Person

Dunlap & Moran PA

Firm/Company

6111 Exchange Way

Address

Lakewood Ranch, FL 34202

City/State and Zip code

Inder@imsinghpcpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ann Johnson

at (941) 309-1312

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

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

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

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

4. March 27, 2006 5. _____
(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. 5381 Primrose Lake Cir, Tampa, FL 33647
(Principal office street address)
2186 Route 27, Ste 1B, North Brunswick, NJ 08902
(Current mailing address, if different)

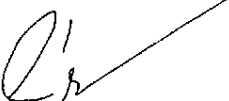
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Aparna Chandrasekaran

Office Address: 5381 Primrose Lake Cir
Tampa, Florida 33647
(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. 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

<input type="checkbox"/> Chairman	Name: <u>Aparna Chandrasekaran</u>	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: <u>2186 Route 27, Ste. 1B</u>	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	<u>North Brunswick, NJ 08902</u>	<input type="checkbox"/> Director	_____
<input checked="" type="checkbox"/> President	<u>Aparna Chandrasekaran</u>	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Chairman	Name: _____	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: _____	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	_____	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Chairman	Name: _____	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: _____	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	_____	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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. 
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. Aparna Chandrasekaran and President
(Typed or printed name and capacity of person signing application)

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

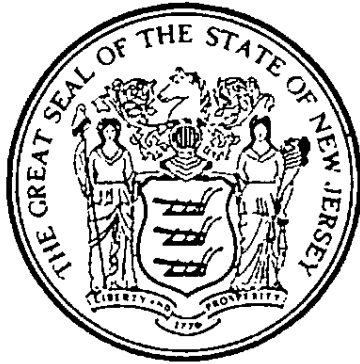
APARNA MEDICAL ASSOCIATES, INC.
0100960803

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on March 27, 2006.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

APARNA CHANDRASEKARAN
2186 ROUTE 27
STE 1B
NORTH BRUNSWICK, NJ 08902-1645



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
20th day of June, 2024.*

A handwritten signature in black ink, appearing to read "Elizabeth Maher Muoio".

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6154615327

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/ISP/Verify_Cert.jsp