

F24000003638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

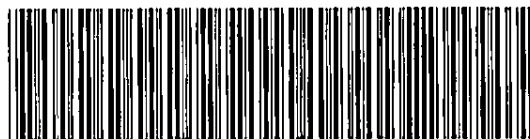
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23-75603 cm

Office Use Only



200407795612

05/01/23--01037--027 ++78.75

FILED

2024 JUL -9 AM 3:37

2024 JUL -9 AM 3:37
TALLAHASSEE, FL 32301

K. SALY
JUL 11 2024

7/9



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 26, 2023

DUSTIN COATES
MCDONNELL COATES, LLP
215 W 2ND ST.
WAXAHACHIE, TX 75165

SUBJECT: ANATOMY MEDICAL, PA, CO.
Ref. Number: W23000075603

We have received your document for ANATOMY MEDICAL, PA, CO. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Pursuant to s. 495.035(5), F.S., this application will be considered abandoned if the applicant fails to reply or resubmit the corrected/amended application within three months from date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 723A00012167

Karim S Jamal
14402 Marina San Pablo PL. APT 202
Jacksonville FL, 32224

June 25, 2024

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

Re: Anatomy Medical PA, Co (EIN:88-4350362)
Document Number W23000075603

Via Certified Mail

Dear Sir/Madam:

I was informed by a representative that our original submission of Application by Foreign Corporation for Authorization to transact business in Florida, submitted on February 9, 2023 along with payment of filing fees, was incomplete. The reason provided by your office was the absence of a certificate of existence from the Texas Secretary of State. Also, your office informed me that your response notice was sent to the incorrect address at 215 W 2nd St. Waxahachie, TX 75165 and therefore I am unable to provide a copy of the rejection notice. Based on discussion with one of your representatives I am submitting the following items:

1. Cover Letter and original copy of Application by Foreign Corporation for Authorization to transact business in Florida previously submitted February 9, 2023.
2. The Corporation's Texas Secretary of State Certificate of Fact dated June 21, 2024 confirming legal existence in Texas.
3. The Corporation's Texas Comptroller Franchise Tax Account Status page dated June 21, 2024 indicating the entity is in good standing.

Based on guidance from your department we were informed that we do not need to resubmit the filing fee.

Once you have processed this response package, please respond in writing to the proper address noted above and on the application paperwork to confirm the status of our registration and if any further action is required.

I can be reached at 817-455-9123 during normal business hours for any questions.

Sincerely yours,



Karim S. Jamal,
Officer of Anatomy Medical PA, Co

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANATOMY MEDICAL, PA. CO. DOCUMENT NUMBER W23000075603

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:

KARIM S. JAMAL

Name of Person

Firm/Company

14402 MARINIA SAN PABLO PL., APT 202

Address

JACKSONVILLE, FL 32224

City/State and Zip code

karinjamal@me.com

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

For further information concerning this matter, please call:

KARIM JAMAL

at (817) 455-9123

Name of Person

Area Code

Daytime Telephone Number

RECEIVED

STREET/COURIER ADDRESS:

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

JUL - 9 2024

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

no \$
7/10/24

• • 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. ANATOMY MEDICAL, PA. CO.
(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. TEXAS 3. 88-4350362
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/06/2022 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 14402 MARINIA SAN PABLO PL., APT 202, JACKSONVILLE, FL 32224
(Principal office street address)

(Current mailing address, if different)

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

Name: KARIM S. JAMAL

Office Address: 14402 MARINIA SAN PABLO PL., APT 202
JACKSONVILLE, Florida 32224
(City) (Zip code)

FILED
2024 JUL -9 AM 3:31
STATE OF FLORIDA
TALLAHASSEE

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: Karim Jamal
☐ Vice Chairman Address: 14402 Marina San Pablo Pl
☒ Director Apt 202
☒ President Jacksonville, FL 32224
☐ 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. Karim Jamal
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. KARIM JAMAL
(Typed or printed name and capacity of person signing application)



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Anatomy Medical, PA (file number 804759004), a Professional Association, was filed in this office on October 06, 2022.

It is further certified that the entity status in Texas is in existence.

FILED
2024 JUL - 9 AM 3:31
JANET NELSON
TALLAHASSEE, FLORIDA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 21, 2024.



A handwritten signature in black ink that reads "Jane Nelson".

Jane Nelson
Secretary of State