

F24000005291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

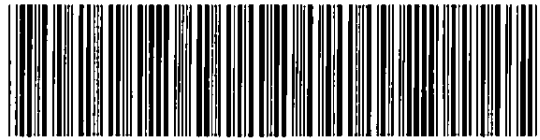
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C. Brumley

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2024

BRIAN EGAN
40 LA RIVIERE DRIVE, SUITE 201
BUFFALO, NY 14202 US

SUBJECT: MOBILE TELEMEDICINE NY P.C.
Ref. Number: W24000088730

We have received your document for MOBILE TELEMEDICINE NY P.C. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

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

Ariel Jones
Regulatory Specialist II

Letter Number: 524A00012729

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mobile Telemedicine NY P.C.

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:

Brian Egan

Name of Person

Mobile Telemedicine NY P.C.

Firm/Company

40 La Riviere Drive, Suite 201

Address

Buffalo, NY 14202

City/State and Zip code

brian@mobileprimary.com

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

For further information concerning this matter, please call:

Brian Egan

at (716) 893-1010

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. Mobile Telemedicine NY, P.C., Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- Mobile Telemedicine FL P.C.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. New York 3. 86-1353462
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. January 6, 2021 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. 7361 International Place, Suite 401, Sarasota, Florida, 34240
(Principal office street address)
- 40, La Riviere Dr., Suite 201, Buffalo, NY 14202
(Current mailing address, if different)

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


Name: Brian Egan

Office Address: 7361 International Place, Suite 401

Sarasota, Florida 34240
(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]:

2024 OCT -9 PM 1:06

A. DIRECTORS

☒ Chairman Name: Brian Egan
☐ Vice Chairman Address: 40 La Riviere Dr., Suite 201
☐ Director Buffalo, NY 14202
☒ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Scott Monte, PharmD
☐ Vice Chairman Address: 40 La Riviere Drive, Suite 201
☐ Director Buffalo, NY 14202
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: James Collins, MD
☒ Vice Chairman Address: 40 La Riviere Dr., Suite 201
☐ Director Buffalo, NY 14202
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Robert Prima
☐ Vice Chairman Address: 7361 International Place, Suite 401
☐ Director Sarasota, Florida, 34240
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☒ Other Assistant Director ☐ Other _____

☐ Chairman Name: Cory Egan, DNP
☐ Vice Chairman Address: 40 La Riviere Drive, Suite 201
☐ Director Buffalo, NY 14202
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Gerald Wohlleber
☐ Vice Chairman Address: 40 La Riviere dr., Suite 201
☐ Director Buffalo, NY 14202
☐ 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. Brian Egan _____
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. Brian Egan, President & CEO _____
(Typed or printed name and capacity of person signing application)

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, 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:	MOBILE TELEMEDICINE NY, P.C.
DOS ID Number:	5910990
Entity Type:	DOMESTIC PROFESSIONAL SERVICE CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	01/06/2021
Statement Status:	CURRENT
Statement Due Date:	01/31/2025

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 July 23, 2024 at 10:16 A.M.

WALTER T. MOSLEY
Secretary of State

A handwritten signature in black ink that reads "Brendan C. Hughes".

BRENDAN C. HUGHES
Executive Deputy Secretary of State

Authentication Number: 100006119753 To Verify the authenticity of this document you may access the
Division of Corporation's Document Authentication Website at <http://ccorp.dos.ny.gov>