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COVER LETTER

TO:	Registration Section Division of Corporat	ions		
SUBJ	FCT: NEURO PRAC	TICE OF MEDICINE NY	, P.C. INC.	
3000		Name of corporation	on - must include suffix	
Dear S	ir or Madam:			
"Certif	icate of Existence," or		r Authorization to Transa anding" and check are sul ness in Florida.	
Please	return all corresponde	nce concerning this matte	er to the following:	
ERIC I	CRUPNIK, CPA			
		Name o	f Person	
ERIC I	KRUPNIK CPA, PL.I.C			
-		Firm/Co	mpany	
852 A\	/ENUE 2			
		Add	lress	
BROO	KLYN, NY 11235			
-		City/State	and Zip code	
ERIC@	KRUPNIKTAX,COM			
	E-	mail address: (to be used	for future annual report	notification)
For fur	ther information conce	erning this matter, please	call:	
ERIC F	KRUPNIK	718 at (975-8634	
	Name of Person	Area Co	de Daytime Telep	phone Number
	STREET/COURIED Registration Section Division of Corporate The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	ons assee et, Suite 810	MAILING A Registration! Division of C P.O. Box 632 Tallahassee,	Section Corporations 27
Picase r	.00 Filing Fec 🗆	LORIDA DEPARTMEN	T OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 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.

	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting business in Florida)
NEW YORK	3	-1851986
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)
03/16/2016	5.	
(Date	of incorporation)	(Date of duration, if other than perpetual)
N/A		
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502	
3003 SOUTH CO	ONGRESS AVENUE, UNIT IC, PALM SPRING	S, FL 33461
·	(Principal office	street address)
	(Current mailing a	ddress, if different)
	(Current mailing a	ddress, if different)
Name and stre	(Current mailing a et address of Florida registered agent: (P.O. E	
Name:	et address of Florida registered agent: (P.O. E IRINA KOGAN, MD	Box NOT acceptable)
Name:	et address of Florida registered agent: (P.O. E IRINA KOGAN, MD 3003 SOUTH CONGRESS AVE, UNIT IC	Box NOT acceptable)
Name:	et address of Florida registered agent: (P.O. E IRINA KOGAN, MD 3003 SOUTH CONGRESS AVE, UNIT IC PALM SPRINGS	Box NOT acceptable)
	et address of Florida registered agent: (P.O. E IRINA KOGAN, MD 3003 SOUTH CONGRESS AVE, UNIT IC	33461
Name: ffice Address:	et address of Florida registered agent: (P.O. EIRINA KOGAN, MD 3003 SOUTH CONGRESS AVE, UNIT IC PALM SPRINGS (City)	33461 Florida 33461
Name: ffice Address: Registered ag	et address of Florida registered agent: (P.O. E IRINA KOGAN, MD 3003 SOUTH CONGRESS AVE, UNIT IC PALM SPRINGS (City) ent's acceptance:	Rox NOT acceptable) 7024 NOV 7024
Name: fice Address: Registered ag aving been nam signated in this	et address of Florida registered agent: (P.O. E IRINA KOGAN, MD 3003 SOUTH CONGRESS AVE, UNIT IC PALM SPRINGS (City) ent's acceptance: aed as registered agent and to accept service application, I hereby accept the appointment	Sox NOT acceptable) Florida 33461 (Zip code) of process for the above stated corporation at the part as registered agent and agree to act in this capacity.
Name: fice Address: Registered agaving been nansignated in this	et address of Florida registered agent: (P.O. E IRINA KOGAN, MD 3003 SOUTH CONGRESS AVE, UNIT IC PALM SPRINGS (City) ent's acceptance: aed as registered agent and to accept service application, I hereby accept the appointment	Sox NOT acceptable) Florida 33461 (Zip code) of process for the above stated corporation at the put as registered ugent and agree to act in this capacitive to the proper and complete performants of my

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.

A. DIRECTORS	,		
Chairman	IRINA KOGAN Name:	Chairman	Name:
■Vice Chairman	3003 SOUTH CONGRESS AVE	□ Vice Chairman	Address:
Director	UNIT IC	□Director	
■ President	PALM SPRINGS, FL 33461	□President	
■Vice President		□Vice President	
Secretary	□ Treasurer	☐ Secretary	Treasurer
Other	Other	□Other	Other
□Chairman	Name:	☐ Chairman	Name:
□Vice Chairman	Address:	□ Vice Chairman	Address:
Director		Director	
□President		□President	
□Vice President		□ Vice President	
☐Secretary	☐Treasurer	☐ Secretary	☐Treasurer
Other	Other	Other	Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		Director	
□President		President	
□Vice President		□Vice President	
□Secretary	□Treasurer	□ Secretary	Treasurer
Other	Other	Other	Other
Important Notice: Individuals may be	Use an attachment to report more than six (6). The all added to the index when filing your Florida Departs I. Rogan Signature of Directo	ment of State Annual Re	port form.
she is aware that fa s.817.155, F.S.	ctor signing this document (and who is listed in num ilse information submitted in a document to the Depa AN, PRESIDENT	her 11 above) affirms the	at the facts stated herein are true and that he or

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: NEURO PRACTICE OF MEDICINE NY, P.C.

DOS 1D Number: 4913944

Entity Type: DOMESTIC PROFESSIONAL SERVICE CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 03/16/2016

Statement Status: CURRENT
Statement Due Date: 03/31/2026

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 September 24, 2024 at 12:04 P.M.

WALTER T. MOSLEY Secretary of State

Brandon C. Hugha

BRENDAN C. HUGHES
Executive Deputy Secretary of State

Authentication Number: 100006634322 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

COVER LETTER

	tration Section on of Corporations			
SUBJECT:	NEURO PRACTICE OF ME	DICINE NY, P.	C. INC.	
SUBJECT.	Name o	of corporation -	must include suffix	
Dear Sir or M	adam;			
"Certificate of	"Application by Foreign Con Existence," or "Certificate and foreign corporation to tra	of Good Stand	ing" and check are subm	
Please return a	all correspondence concernit	ng this matter t	o the following:	
ERIC KRUPN	IK, CPA			
		Name of P	erson	
ERIC KRUPN	IK CPA, PLLC			
		Firm/Comp	pany	
852 AVENUE	Z.			
		Addres	GS .	
BROOKLYN,	NY 11235			
· · · · · · ·		City/State an	d Zip code	
ERIC@KRUP	NIKTAX.COM			
	E-mail address:	(to be used fo	or future annual report no	tification)
For further inf	ormation concerning this ma	atter, please ca	II:	
ERIC KRUPN	ıĸ	718 at (975-8634	
Name	of Person	Area Code	Daytime Telepho	one Number
Regis Divisi The C 2415	CET/COURIER ADDRESS tration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	S:	MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
	check for the following amo eck payable to: FLORIDA DE ng Fee	PARTMENT (g Fee &	OF STATE \$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.

(Enter name of c	TICE OF MEDICINE NY, P.C., INC. orporation; must include "INCORPORATED,	" "COMPANY," "CORPORATION	5,7
"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")		
II name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transactin	g business in Florida)
NEW YORK		81-1851986	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
03/16/2016	5.		
(Date of incorporation)		(Date of duration, if other than perpetual)	
N/A			
		n Florida, if prior to registration)	
oos courti co	(SEE SECTIONS 607.1501 & 607.1	• •	ty)
	ONGRESS AVENUE, UNIT 1C, PALM SPRI		
	(Principal off	ice <u>street</u> address)	
	(Current mailir	ng address, if different)	
	(Caren mann	ig address, it differently	202! Sign
Name and stree	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	2024 NOV 1 515 15 15 15
	IRINA KOGAN, MD		-
Name:			္ ႏ
fice Address:	3003 SOUTH CONGRESS AVE, UNIT 10		F 7 32
	PALM SPRINGS	. Florida	5: 07

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.

A. DIRECTORS IRINA KOGAN ■ Chairman Name: □Chaiπnan Name: ______ 3003 SOUTH CONGRESS AVE ■ Vice Chairman Address: □Vice Chairman Address: UNIT 1C Director □Director PALM SPRINGS, FL 33461 ■ President ☐ President ■ Vice President ☐ Vice President ■ Secretary ■Treasurer El Secretary ☐Treasurer ☐ Other _____ □Other _____ □Other _____ □Other _____ Name: □ Chairman □ Chairman Name: □Vice Chairman Address: _____ □Vice Chairman Address: □Director □ Director □President □President □Vice President □ Vice President □Secretary □Treasurer □ Secretary ☐ Treasurer □Other ____ □Other ____ □Other _____ ☐Other ______ □ Chairman Name: □ Chairman Name: _____ □Vice Chairman Address: _____ □ Vice Chairman Address: □ Director □Director □President ☐ President □Vice President ______ Vice President □Secretary □Treasurer 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. The officer or director signing this document (and who is fisted 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. IRINA KOGAN, PRESIDENT

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

1, 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:

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WALTER T. MOSLEY Secretary of State

Brandon C Hugher

BRENDAN C. HUGHES
Executive Deputy Secretary of State

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