

F 95000001389
TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

RECEIVED
03/12/93

SUBJECT: David S. Petern, Ph.D., 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", 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:

Bruce A. Butzel

(Name of Person)

Bruce A. Butzel, C.P.A., P.A.

(Firm/Company)

252 Kinderkamack Road

(Address)

Oradell, N.J. 07649

(City, State and Zip Code)

W95-4713

WC
3/25

213 12 02 10 25
DIVISION OF CORPORATIONS
QUALIFICATION/TAX LIEN SECTION

Should you need to call someone concerning this matter, please call:

Dorothy E. Surdez

(Name of Person)

at (201) 261 - 5577

Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

March 2, 1995

BRUCE A. BUTZEL
BRUCE A. BUTZEL, C.P.A., P.A.
252 KINDERKAMACK ROAD
ORADELL, NJ 07649

SUBJECT: DAVID S. PETERS, PH.D., P.C.
Ref. Number: W95000004713

We have received your document for DAVID S. PETERS, PH.D., P.C. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence, 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.

Please note that we are returning the certified copy you submitted, as it is not necessary for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6958.

Lee Rivers
Document Examiner

Letter Number: 795A00009480

BRUCE A. BUTZEL, C P A , P A

BRUCE A. BUTZEL, C P A
JACOB J. WIMPEY, C P A
KEITH M. GREENMAN, C P A
DOROTHY E. SURDEZ

252 FINEBERG AVE. ROAD
ORADELL, NEW JERSEY 07649
(201) 261-5577
FAX (201) 261-2613

March 17, 1995

Division of Corporation
PO Box 6327
Tallahassee, Florida 32314

Attention: Leo Rivers, Document Examiner

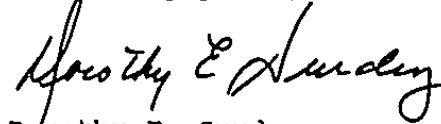
Re: David S. Peters, Ph.D., P.C.
Ref. #W95000004713
Letter # 795A00009480

Gentlemen:

In response to your letter of March 2, 1995 (copy enclosed) we are submitting an original certificate of good standing for our client, David S. Peters, Ph.D., P.C. We understand that this is the New Jersey equivalent of Florida's certificate of existence.

We trust this document will enable you to continue processing our client's application to do business in Florida. If any further information is needed, please contact the undersigned.

Very truly yours,



Dorothy E. Surdez

DES:drl

cc: David S. Peters, Ph.D., P.C.

Enclosure

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:

1. David S. Peters, Ph.D., P.C.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. New Jersey 3. 22-2521575
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. April 5, 1984 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. January, 1995
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))
7. 652 Lyons Lane
Long Boat Key, Florida 34228
(Current mailing address)
8. Services relating to the practice of psychology
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

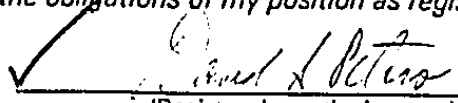
9. Name and street address of Florida registered agent:

Name: David S. Peters

Office Address: 652 Lyons Lane
Long Boat Key, Florida, 34228
(Zip Code)

10. 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)

11. 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.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: David S. Peters

Address: 652 Lyons Lane

Long Boat Key, Florida 34228

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: David S. Peters

Address: 652 Lyons Lane

Long Boat Key, Florida 34228

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. ✓

David S. Peters
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ✓

DAVID S. PETERS President
(Typed or printed name and capacity of person signing application)

State of New Jersey



SECRET 23 11 012

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Department of State

DAVID S. PETERS, PH.D., P.C.

I, the Secretary of State of the State of New Jersey, DO HEREBY CERTIFY, that the records of this office show that the charter of the above-named corporation was filed in this office on the 5th day of April A.D. 1984 and said corporation was voided for non-payment of State taxes by Proclamation on September 1, 1988 and said corporation was reinstated on November 17, 1988 and so far as the records of this office show said corporation is still an existing corporation in the State of New Jersey. At the time of issuance of this certificate Annual Reports are current.

I FURTHER CERTIFY, that the location of the registered office is 44 Christie Street, Tenafly, New Jersey 07670 and the registered agent is David S. Peters PH.D.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton this 14th day of March A.D. 1995.

David S. Peters

SECRETARY OF STATE

