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CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

Combined Medical Associates, P.A.

- ☒ Profit
☐ NonProfit
☐ Limited Liability Co.
☒ Foreign
☐ Limited Partnership
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**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. COMBINED MEDICAL ASSOCIATES, P.A.
(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. 22-3453248
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. NEW JERSEY 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will conso to exist or "perpetual")
6. upon qualification
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)
7. 100 Granite Drive, Suite 202, Media, PA 19063
(Current mailing address)
8. To perform medical, radiological and diagnostic services
(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: JOSEPH EDELSTEIN

Office Address: 490 N. Pine Oak Place, Suite 110 Sabal Walk

Longwood, Florida, 32779
(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.

By: Joseph Edelstein
(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: RUSTICO POLUTAN, M.D.
Address: 100 Granite Drive, Suite 202
Media, PA 19063

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: JOSEPH EDELSTEIN
Address: 100 Granite Drive, Suite 202
Media, PA 19063

Vice President: _____
Address: _____

Secretary: Joseph Edelstein
Address: 100 Granite Drive, Suite 202
Media, PA 19063

Treasurer: Joseph Edelstein
Address: 100 Granite Drive, Suite 202
Media, PA 19063

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

13. Joseph L. Edelstein
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application.)

14. Joseph Edelstein President
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
DIVISION OF REGISTRATIONS

NEW JERSEY SECRETARY OF STATE

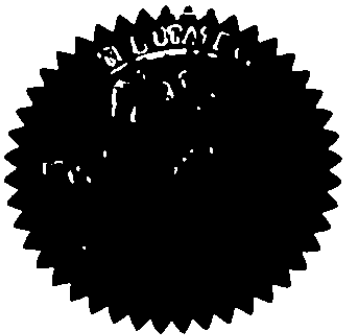
COMBINED MEDICAL ASSOCIATES, P.A.

I, THE SECRETARY OF STATE OF THE STATE OF NEW JERSEY, DO HEREBY CERTIFY THAT THE RECORDS OF THIS OFFICE SHOW THAT THE CHARTER/AUTHORITY OF THE ABOVE-NAMED NJ BUSINESS WAS FILED IN THIS OFFICE ON JULY 25, 1996.

I FURTHER CERTIFY, THAT SO FAR AS THE RECORDS OF THIS OFFICE SHOW, SAID BUSINESS HAS NOT BEEN DISSOLVED, CANCELLED, OR WITHDRAWN, NOR HAS ITS CHARTER/AUTHORITY BEEN VOIDED/REVOKED FOR NON-PAYMENT OF STATE TAXES BY PROCLAMATION. IT NOW CONTINUES TO MAINTAIN ACTIVE STATUS WITHIN THE STATE OF NEW JERSEY. AT THE TIME OF THE ISSUANCE OF THIS CERTIFICATE, ANNUAL REPORTS ARE CURRENT.

I FURTHER CERTIFY THAT THE LOCATION OF THE REGISTERED OFFICE IS

STE 704-216 HADDON AVE
WESTMONT NJ 08108
AND THE REGISTERED AGENT IS CHARLES M NASELSKY ESQ.



AUG. 02, 1996

Donna R. Hooty

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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