

F97000005873

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: RAMA KRISHNA KOTHALANKA MD PA
(Name of corporation - must include suffix)

Dear Sir or Madam:

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-11/05/97--01107--001
*****78.75 *****78.75

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:

RAMA KRISHNA KOTHALANKA MD PA
(Name of Person)

(Firm/Company)

9498 SW 164 CT
(Address)

MIAMI FL 33196
(City/State/Zip)

97 NOV -5 PM12:17
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

R J. KOTHALANKA MD at (305) 408-3459
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

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

MAILING ADDRESS:

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

**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. RAMAKRISHNA KOTHALANKA MDPA
(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. NS
(State or country under the law of which it is incorporated)
3. 22-307 7017
(FEI number, if applicable)
4. 11/7/90
(Date of incorporation)
5. Perpetual
(Duration) Year corp. will cease to exist or "perpetual"
6. 11/1/97
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 9498 SW 164 CT
MIAMI FL 33196
(Current mailing address)
8. Provide medical Care - MD
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: JANI KANNA KOTHALANKA
Office Address: 9498 SW 164 CT
MIAMI FL, Florida, 33196
(Zip code)

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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.

J. Kothalanka
(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: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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97 NOV -5 PM 12:17

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: RAMA KRISHNA KOTHALANKA MD

Address: 9498 SW 164 CT

MIAMI FL 33196

Vice President: _____

Address: _____

Secretary: JANICAMMA KOTHALANKA

Address: 9498 SW 164 CT

MIAMI FL 33196

Treasurer: _____

Address: _____

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

13. R. Krishnakumar

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

14. R. KOTHALANKA MD PA - president -

(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY
DEPARTMENT OF STATE
SHORT FORM STANDING

RAMAKRISHNA KOTHALANKA, M.D., P.A.

I, the Secretary of State of the State of New Jersey, do hereby certify that the above-named New Jersey Professional Corporation was registered by this office on November 7, 1990.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

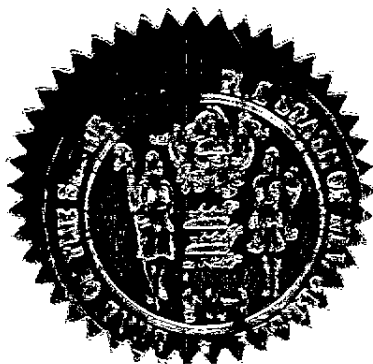
*Janikamma Kothalanka Md
126 Bentley Ave
Jersey City, NJ 07304*

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97 NOV -5 PM12:17
REGISTRATION

STATE OF NEW JERSEY
DEPARTMENT OF STATE
SHORT FORM STANDING

RAMAKRISHNA KOTHALANKA, M.D., P.A.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
30th day of October, 1997

Lonna R. Hooks

LONNA R HOOKS
Secretary of State

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DIVISION OF CORPORATIONS