

F98000001044

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Institute for Advanced Therapy, Inc
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2/24

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 FEB 24 AM 11:17

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2/24

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark

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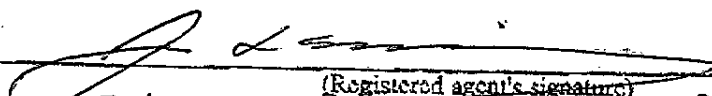
Examiner's Initials

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:**

1. INSTITUTE FOR ADVANCED THERAPY, INC.
(Name of corporation; must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. STATE OF DELAWARE
(State or country under the law of which it is incorporated)
3. 13-3715711
(FEI number, if applicable)
4. MAY 13, 1993
(Date of Incorporation)
5. N/A
(Duration: Year corp. will cease to exist or "perpetual")
6. UPON Qualification
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)
7. c/o SQUADRON, ELLENOFF, PLESENT & SHEINFELD, LLP, ATTN:
551 FIFTH AVENUE, NEW YORK, NY 10176
(Current mailing address)
BARBARA THOMAS
8. PRIVATE FOUNDATION
(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:
NATIONAL CORPORATE RESEARCH, LTD.
(Name)
1406 HAYS STREET, SUITE #2
(Office address)
TALLAHASSEE Florida 32301
(City) (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)
John Morrissey, Asst. V.P.

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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: JACK FISHMAN

Address: c/o INSTITUTE FOR ADVANCED THERAPY, INC.
350 FIFTH AVENUE, NEW YORK, NY 10118

Director: IRENE LEIWANT

Address: c/o INSTITUTE FOR ADVANCED THERAPY, INC.
350 FIFTH AVENUE, NEW YORK, NY 10118

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

President: MARTIN GRANOFF

Address: c/o INSTITUTE FOR ADVANCED THERAPY, INC.
350 FIFTH AVENUE, NEW YORK, NY 10118

Vice President: DR. DANIEL MILLER

Address: c/o INSTITUTE FOR ADVANCED THERAPY, INC.
350 FIFTH AVENUE, NEW YORK, NY 10118

Secretary: HERMAN UROWSKY c/o INSTITUTE FOR ADVANCED THERAPY, INC

Address: 350 FIFTH AVENUE, NEW YORK, NY 10118

Treasurer: _____

Address: _____

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

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

Herman Urowsky

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

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State of Delaware
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INSTITUTE FOR ADVANCED THERAPY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF FEBRUARY, A.D. 1998.

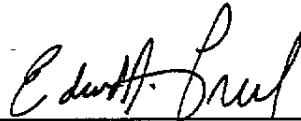
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE:

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