F99000003733

	ication/Tax Lien Section on of Corporations	
SUBJECT:	Irwin H. Ruback, M.D., P.A.	
	(Name of corporation - must include suffix)	
Dear Sir or Mad	dam:	
The enclosed "A "Certificate of I to transact busin	Application by Foreign Corporation for Authorization to Transact Business in Florida", Existence", and check are submitted to register the above referenced foreign corporation ness in Florida.	
Please return all	ll correspondence concerning this matter to the following:	
	Irwin H. Ruback, M.D.	
	(Name of Person)	
	Irwin H. Ruback, M.D., P.A.	•
	(Firm/Company)	<u>.</u> .
	117-D Palm Point Circle	-
	(Address)	
	Palm Beach Gardens, FL 33418	
	(City/State/Zip)	
Should you need	d to call someone concerning this matter, please call: 4000293088407/14/3901055002 ******70.00 ******70.0	- 4 00
Dr. Irwin I	at () .55 0002	
	of Person) (Area Code & Daytime Telephone Number)	
STREET ADDI	RESS: MAILING ADDRESS: Name Availability	
Qualification/Tan Division of Corp 409 E. Gaines St. Tallahassee, FL Enclosed is a che	Division of Corporations P.O. Box 6327	
\$70.00 Filing		

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. Irwin H. Ruback, M.D., 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.) Maryland (State or country under the law of which it is incorporated) July 16, 1973 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 117-D Palm Point Circle Palm Beach Gardens, FL (Current mailing address) medical practice (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) Irwin H. Ruback, M.D. Name: Office Address: 117-D Palm Point Circle Palm Beach Gardens - _____, Florida, __ (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

(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)

the obligations of my position as registered agent.

A. DIRECTOR	S (Street address only - P.O. Box NOT acceptable)
Chairman:	Irwin H. Ruback, M.D.
Address:	117-D Palm Point Circle
	Palm Beach Gardens, FL 33418
Vice Chairman:	Nancy S. Ruback
Address:	117-D Palm Point Circle
	Palm Beach Gardens, FL 33418
Director:	
Address:	
 Director:	
Address:	
President:I	(Street address only - P.O. Box NOT acceptable) Irwin H. Ruback, M.D. 17-D Palm Point Circle
	Valm Beach Gardens, FL 33418
	Nancy S. Ruback 117-D Palm Point Circle
	Palm Beach Gardens, FL 33418
Secretary:	Nancy S. Ruback
	117-D Palm Point Circle
	Palm Beach, FL 33418
Address:	
3. Fen	sary, you may attach an addendum to the application listing additional officers and/or directors. When the same of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
	(Typed or printed name and capacity of person signing application)

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT SAID DEPARTMENT, BY LAWS OF SAID STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE, RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE; AND I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT IRWIN H. RUBACK, M.D., P.A. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND SAID CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION AT THE TIME OF THIS CERTIFICATE IS IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MAY, 24, 1999.

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 0000076389
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097