

MD4000005371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT☐ MAIL

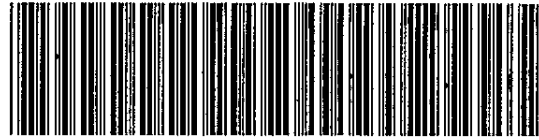
(Business Entity Name)

(Document Number)

Cer I Copies _____ Certificates of Status _____

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FILED
JUN 10 1964
FBI - MEMPHIS

ms4-5371



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

November 22, 2004

BARRY CONWOL
450 EAST LAS OLAS BLVD., SUITE 130
FORT LAUDERDALE, FL 33301

SUBJECT: BARRY M. CONWOL, M.D., L.L.C.
Ref. Number: W04000042865

We have received your document for BARRY M. CONWOL, M.D., L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The jurisdiction under the laws of which the entity is incorporated or organized must be included in the document.

The document must contain the names and street addresses of the members or managers of the limited liability company.

A certificate of existence or a certificate of good standing, 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 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 (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 404A00066195

FILED
NOV 23 2004
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

D: Registration Section
Division of Corporations

SUBJECT: Barry M. Conwool, M.D., L.L.C.
(Name of Limited Liability Company)

ie enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in
orida," Certificate of Existence, and check are submitted to register the above referenced foreign limited
bility company to transact business in Florida..

ease return all correspondence concerning this matter to the following:

Barry M Conwool, M.D.
(Name of Person)

Las Olas Laser Eye Center.
(Firm/Company)

450 East Las Olas Blvd Suite 130
(Address)

Ft. Lauderdale, Fla 33301
(City/State and Zip Code)

or further information concerning this matter, please call:

Jill M Marrotte at (954) 525-7750
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

nclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA

COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

Barry M. Concool, M.D. L.L.C.
(Name of Foreign Limited Liability Company)

New Jersey

(Jurisdiction under the law of which foreign limited liability
company is organized)

3. 223708906

(FEI number, if applicable)

February 3, 2000
(Date of Organization)

5. Perpetual
(Duration: Year limited liability company will cease to
exist or "perpetual")

(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

450 East Las Olas Blvd Suite 130

Fort Lauderdale, Fla 33301
(Street Address of Principal Office)

If limited liability company is a manager-managed company, check here ☒

The name and usual business addresses of the managing members or managers are as follows:

Barry M. Concool, M.D.

450 East Las Olas Blvd Suite 130

Fort Lauderdale, Fla 33301

1. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
translation of the certificate under oath of the translator must be submitted.)

1. Nature of business or purposes to be conducted or promoted in Florida: Ophthalmology
practice

[Signature]
Signature of a member of an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes
an affirmation under the penalties of perjury that the facts stated herein are true.)

Barry M Concool
Typed or printed name of signer

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Barry M. Conwool, M.D., L.L.C.

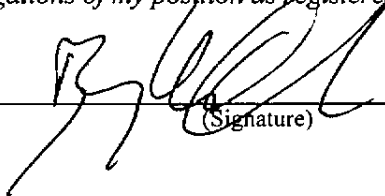
2. The name and the Florida street address of the registered agent and office are:

Barry M. Conwool
(Name)

450 East Las Olas Blvd Suite 130
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Fort Lauderdale FL 33301
City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.


(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE
FLORIDA
2011 JUN 10 PM 4:00
JUL 10 2011

(5)

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

BARRY M. CONCOOL, MD, LLC
0600083381

*I, the Treasurer of the State of New Jersey, do
hereby certify that the above-named
New Jersey Domestic Limited Liability Company was
registered by this office on February 7, 2000.*

*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:*

*Barry Concool
1300 Route 73
Suite 301
Mt. Laurel, NJ 08054*

Continued on next page . . .

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

BARRY M. CONCOOL, MD, LLC



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
30th day of November, 2004

A handwritten signature in cursive script, reading "John E. McCormac".

John E McCormac, CPA
State Treasurer