

MI3000001434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

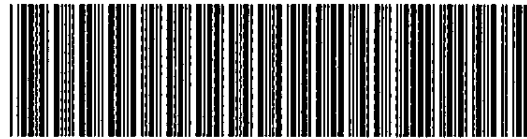
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500244559535

02/22/13--01027--019 \*\*130.00

03/06/13--01018--002 \*\*770.54

03/06/13--01018--003 \*\*6.96

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2013 MAR -5 AM 8:46

C. LEWIS  
MAR 6, 2013  
EXAMINER



THE CENTER FOR  
WOUND HEALING, INC.

February 28, 2013

Ms. Carolyn Lewis  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

Dear Ms. Lewis:

Attached is our check for \$770.54 which represents the penalty for our late registration of NY Hyperbaric and Wound Care Centers, LLC.

I have also attached the original 'Good Standing' certificate from the New York State.

If you have any further questions please feel free to call me 914-372-3156.

Thank you for your assistance.

Carol Daniel

Senior Accountant

## FW: Florida Registration - Rejected

Michael Korman [mkorman@jkj.com]

**Sent:** Tuesday, March 05, 2013 11:15 AM  
**To:** Carol Daniel  
**Cc:** Joanne Barbaro [jbarbaro@jkj.com]; Bruce McDonald [bmcdonald@jkj.com]  
**Attachments:** Florida LLC Registration.pdf (148 KB)

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Hi Carol,

I just spoke with the Secretary of State's office:

- The certificate of existence/good standing from the State of New York showed your company listed as *New York Hyperbaric* rather than *NY Hyperbaric*. I instructed Carolyn on your behalf to go ahead and write in *New York Hyperbaric* on the application to match the certificate. So when everything is said and done, your registration will be shown as *New Yorker Hyperbaric & Wound Care Centers, LLC*. We will make whatever adjustments necessary to match the Workers' Compensation policy. There is nothing further you need to do here – I just felt it necessary to make you ware.
- The check that you sent them was just the slightest bit short (\$770.54 against the required \$777.50). So you will need to resend a check in the amount of \$7.00 or \$6.96 to cover the difference.

You can overnight payment to the following:

Division of Corporations  
Registration Section, Clifton Building  
Attn: Carolyn Lewis  
2661 Executive Center Circle  
Tallahassee, FL 32301

Let me know if there is anything I can help you with .

Thanks,

Michael Korman  
Commercial Account Representative  
Johnson, Kendall & Johnson, Inc.  
(215) 579-6440  
mkorman@jkj.com

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**From:** Michael Korman  
**Sent:** Thursday, February 28, 2013 11:42 AM  
**To:** 'Carol Daniel'  
**Cc:** Joanne Barbaro; Bruce McDonald



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 25, 2013

CAROL DANIEL / THE CENTER FOR WOUND HEALING, INC  
155 WHITE PLAINS ROAD SUITE 222  
TARRYTOWN, NY 10591

SUBJECT: NY HYPERBARIC AND WOUND CARE CENTERS, LLC  
Ref. Number: W13000011183

We have received your document for NY HYPERBARIC AND WOUND CARE CENTERS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$777.50.

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.

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Please return the corrected original and one copy of 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) 245-6051.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 313A00004497

CR2E027 (9/10)

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NY Hyperbaric and Wound Care Centers, LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Carol Daniel

Name of Person

The Center for Wound Healing, Inc

Firm/Company

155 White Plains Road - Suite 222

Address

Tarrytown, NY 10591

City/State and Zip Code

Carol.Daniel@Centerwh.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carol Daniel

Name of Person

914

at ( )

372-3156

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed 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**

IN 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:

1. New York Hyperbaric and Wound Care Centers, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. New York 3. 22-3583662  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 07/02/1986 5. N/A  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. 04/11/11  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 155 White Plains Road - Suite 222  
Tarrytown, NY 10591  
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

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

155 White Plains Road - Suite 222 Steve McLaughlin  
Tarrytown, NY 10591

10. 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.)

11. Nature of business or purposes to be conducted or promoted in Florida: Hyperbaric Oxygen Therapy.  
No business operations in Florida; employee residence for Work Comp purpose only.

Steve McLaughlin  
Signature of a member or 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: I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Steve McLaughlin

Typed or printed name of signee

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
9013 MAR -5 AM 8:46

**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:

*New York* Hyperbaric & Wound Care Centers, LLC

If unavailable, the alternate to be used in the state of Florida is:

\_\_\_\_\_

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

CT Corporation Systems

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation

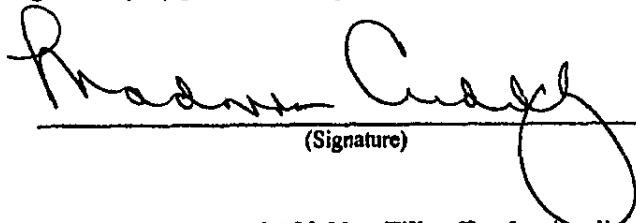
FL

33324

City/State/Zip

FILED  
SECRETARY OF STATE  
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*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)

**Madonna Cuddihy  
Special Assistant Secretary**

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

**State of New York  
Department of State } ss:**

I hereby certify, that NEW YORK HYPERBARIC AND WOUND CARE CENTERS, L.L.C. a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/11/1998, and that the Limited Liability Company is existing so far as shown by the records of the Department.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 29th day of January two  
thousand and thirteen.*

A handwritten signature in black ink, appearing to read "Neil A. ...", is written over a faint circular outline.

*First Deputy Secretary of State*