

N 20000006794

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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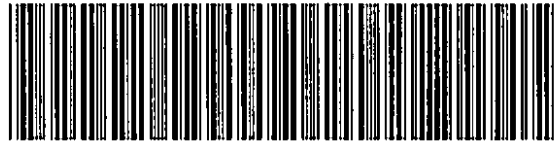
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2020 JUL 27 PM 3:25
STATE
TALLAHASSEE, FLORIDA

US
8/6/20

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- 1 Also Member NJ Bar
- 2 Also Member MA Bar
- 3 Also Member WA Bar
- 4 LL.M. in Taxation

July 21, 2020

**VIA CERTIFIED MAIL, RETURN
RECEIPT REQUESTED**

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

Re: **Michael I. Rothman, M.D., LLC – Application by Foreign Limited Liability
Company for Authorization to Transact Business in Florida**

Dear Sir or Madam:

I am enclosing the Cover Letter and the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for Michael I Rothman, M.D., LLC. I am also enclosing a check in the amount of \$125 for the filing fee and a Certificate of Good Standing for Michael I. Rothman, M.D., LLC issued by the Commonwealth of Pennsylvania (the state of domicile). Please return a filed copy of the Application at your earliest convenience to Dr. Rothman at 870 Wafford Lane, Bethlehem, PA 18017, with a copy to me at the address set forth above.

If you have any questions or need any additional information to complete the enclosed filing, please do not hesitate to contact me.

Very truly yours,



Michael R. Burke

Enclosures

cc: Michael I. Rothman, M.D. (Via E-mail Only)(w/enclosures)

2020 JUL 27 13:25
TALLAHASSEE
FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Michael L. Rothman, M.D., 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:

Michael L. Rothman, M.D.

Name of Person

Michael L. Rothman, M.D., LLC

Firm/Company

870 Wafford Lane

Address

Bethlehem, PA 18017

City/State and Zip Code

DrRothman@theneuroradiologist.com

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

For further information concerning this matter, please call:

Michael R. Burke, Esquire

610

687-8314

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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 TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Michael L. Rothman, M.D., LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC")

2. Pennsylvania 20-0063454
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0905, F.S., to determine penalty liability)

5. 929 Harbour House Drive 929 Harbour House Drive
(Street Address of Principal Office) (Mailing Address)

Indian Rocks Beach, FL 33785 Indian Rocks Beach, FL 33785
(City) (Zip code)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Michael L. Rothman, M.D.

Office Address: 929 Harbour House Drive

Indian Rocks Beach 33785
(City) (Zip code)

Registered agent's acceptance:

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 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)


8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Michael I. Rothman, M.D.</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>929 Harbour House Drive</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Indian Rocks Beach, FL 33785</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.



Signature of an authorized person

Michael I. Rothman, M.D.

Typed or printed name of signer

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

07/07/2020

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

MICHAEL I. ROTHMAN, M.D., LLC

is duly registered as a Pennsylvania Professional Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

2020 JUL 27 PM 3:25
DEPT. OF STATE
HARRISBURG



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Kathly Bookman

Secretary of the Commonwealth

Certification Number: TSC200707141640-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>