

F09000005228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

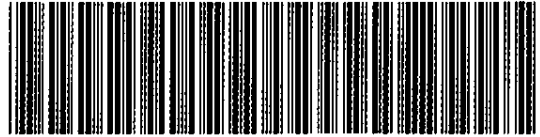
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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*280  
12/23*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 14, 2009

DANIEL I. RIFKIN, MD  
% ED MIS  
1120 YOUNGS ROAD  
WILLIAMSVILLE, NY 14221

SUBJECT: DANIEL I. RIFKIN, M.D., P.C.  
Ref. Number: W09000052884

We have received your document for DANIEL I. RIFKIN, M.D., P.C. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

This entity has indicated it has transacted business prior to current year therefore, a civil penalty of \$500.00 plus annual report fee(s) for each year this entity transacted business or conducted affairs in Florida prior to qualification. Therefore, the total due to cover both annual report and penalty fee(s) is \$800.00

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) 245-6924.

Stacy Prather  
Document Specialist Supervisor

Letter Number: 509A00037939

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** DANIEL I. RIFKIN M.D., PC  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

DANIEL I. RIFKIN MD  
(Name of Person)

DANIEL I. RIFKIN M.D., PC  
(Firm/Company)

1120 YOUNGS RD  
(Address)

WILLIAMSVILLE, NY 14221  
(City/State and Zip code)

For further information concerning this matter, please call:

ED MIS at ( 716 ) 923-7326 - EXT 2103  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

1. DANIEL I. RIFKIN MD., PC  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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2. NEW YORK (State or country under the law of which it is incorporated)  
3. 16-1598214 (FEI number, if applicable)

4. 01/05/2001 (Date of incorporation)  
5. W/A (Duration: Year corp. will cease to exist or "perpetual")

6. 04-04-2007 (Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1170 YOUNG RD WILLIAMSVILLE, NY 14221 (Principal office address)

SAME (Current mailing address)

8. PHYSICIAN OFFICE (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 NOT acceptable)

Name: NATIONAL REGISTERED AGENTS, INC. NRAI SERVICES INC

Office Address: 2731 EXECUTIVE PK DR. SUITE 4  
WESTON, Florida 33331  
(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.

[Signature]  
(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 business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: DANIEL Z RIFKIN MD PE CC

Address: 1120 YOUNG RD  
WILLIAMSVILLE, NY 14221

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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**B. OFFICERS**

President: DANIEL T RIFKIN MD

Address: 1120 YOUNG RD  
WILLIAMSVILLE, NY 14221

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. DANIEL Z RIFKIN MD - PRESIDENT

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

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

I hereby certify, that the Certificate of Incorporation of DANIEL I. RIFKIN, M.D., P.C. was filed on 01/05/2001, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 16th day of November two  
thousand and nine.*

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