

F14000000763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

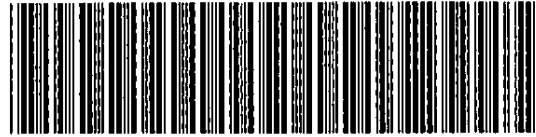
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 FEB 19 10 11 53
TALLAHASSEE
STATE DEPARTMENT OF REVENUE

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14 FEB 19 AM 8:26
SECRETARY OF STATE
400 WASHINGTON STREET
TALLAHASSEE, FLORIDA

MD 2/20

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301

850-222-1092

St. Clair Specialty Physicians, P.C., P.A.

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TALLAHASSEE, FLORIDA

Nonprofit

Amendment

Merger

Foreign

Dissolution/Withdrawal

Mark

Qualification

Reinstatement

Limited Partnership

Annual Report

Other

LLC

Name Registration

UCC

Certified Copy

Fictitious Name

CUS

Photocopies

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: St. Clair Specialty Physicians, P.C.

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," or "Certificate of Good Standing" 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:

Mark E. Wilson

Name of Person

Dickinson Wright PLLC

Firm/Company

2600 West Big Beaver Road, Suite 300

Address

Troy, MI 48084-3312

City/State and Zip code

mwilson@dickinsonwright.com

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

For further information concerning this matter, please call:

Roseanna J. Willis

Name of Person

at (248) 433-7584

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:

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TALLAHASSEE, FLORIDA

1. St. Clair Specialty Physicians, P.C., P.A.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Michigan 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/01/1971 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 22201 Moross Road, Suite 150, Detroit MI 48236
(Principal office address)

22201 Moross Road, Suite 150, Detroit MI 48236
(Current mailing address)

8. _____
To engage in the practice of medicine and to do all things and render all services in connection therewith legally permitted to be done by a licensed physician.
(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: CT Corporation System

Office Address: 1200 S. Pine Island Rd.

Plantation, Florida 33324
(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.



(Registered agent's signature)

Ryan N. Kenigsberg
Assistant Secretary

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: Dr. Robert Provenzano

Address: 22201 Moross, Suite 150
Detroit, MI 48236

Vice Chairman: See attached sheet for additional Directors.

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

14 FEB 19 AM 8:25
STATE OF FLORIDA
SECRETARY OF STATE

B. OFFICERS

President: Dr. Robert Provenzano

Address: 22201 Moross, Suite 150
Detroit, MI 48236

Vice President: Dr. Jukaku Tayeb AND Dr. Quresh Khairullah

Address: 22201 Moross, Suite 150
Detroit, MI 48236

Secretary: Dr. Keith Bellovich

Address: 22201 Moross, Suite 150, Detroit, MI 48236

Treasurer: Nancy Collens

Address: 22201 Moross, Suite 150, Detroit, MI 48236

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

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. Robert Provenzano, MD President

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

St. Clair Specialty Physicians, PC
Directors and Officers
(as of 1/30/2014)

President (and Chairman):

Robert Provenzano, M.D.
St. Clair Specialty Physicians
22201 Moross, Suite 150
Detroit, MI 48236

Secretary (and Director):

Keith Bellovich, D.O.
22201 Moross, Suite 150
Detroit, MI 48236

Vice President (and Director):

Jukaku Tayeb, M.D.
22201 Moross, Suite 150
Detroit, MI 48236

Vice President (and Director):

Quresh Khairullah, M.D.
22201 Moross, Suite 150
Detroit, MI 48236

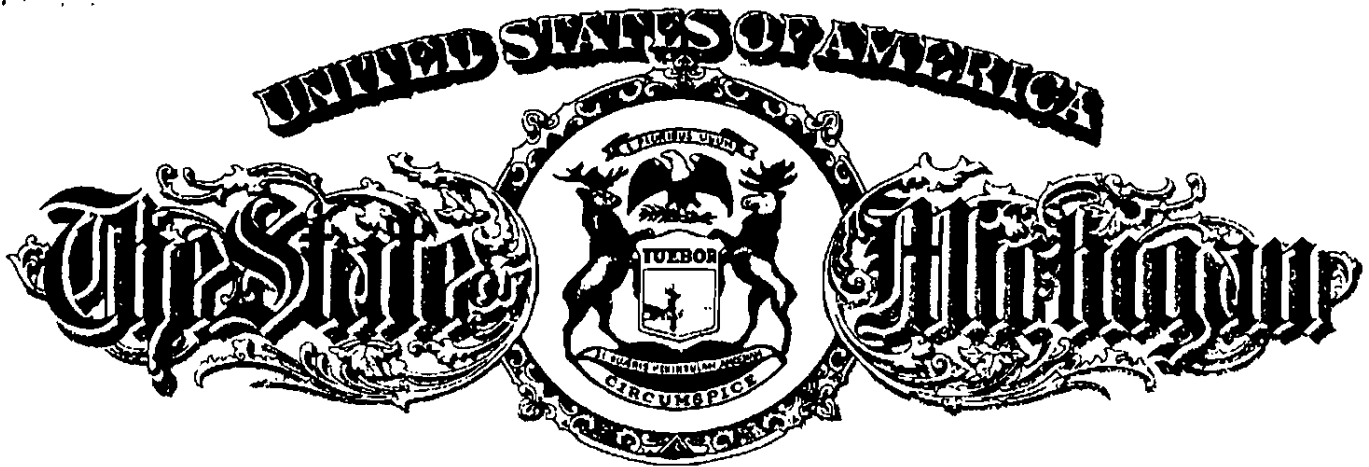
Director:

David Butcher, M.D.
22201 Moross, Suite 150
Detroit, MI 48236

Class B Director:

Michael C. Mallea, M.D.
Idaho Nephrology Associates
5610 West Gage St., Suite A
Boise, ID 83706

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BLOOMFIELD, FLORIDA



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

ST. CLAIR SPECIALTY PHYSICIANS, P.C.

was validly incorporated on December 1, 1971, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

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41-31304-11-000

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 28th day of January, 2014.

Alan J. Schefke, Director
Corporations, Securities & Commercial Licensing Bureau