F14000002962

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
·				





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x 07/11/14

COVER LETTER

TO: New Filing Section			
Division of Corporations			
SUBJECT: Harbor Chiroprac	ctic Dia	agnostic, PC	
		- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation of Existence," or "Certificate of above referenced foreign corporation to transport to the corporation of the corpor	Good Star	iding" and check are sub-	
Please return all correspondence concerning	this matter	to the following:	
Anthony J. Barone		C	
, ,	Name of	Person	
Harbor Chiroppractic Diag	gnostic	c, PC	
	Firm/Com	pany	
4035 Recreation Ln.			
	Addre	ess	
Naples, Fl. 34116			
· · · · · · · · · · · · · · · · · · ·	City/State a	nd Zip code	
ajbaronedc@comcast.net	•	•	
<u> </u>	o be used t	or future annual report n	otification)
For further information concerning this matt	er please o	all	
_	-		
Anthony J. Barone	,732	_{_)} 278-2081	
Name of Person	Area	Code & Daytime Telepho	one Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building		MAILING AI New Filing Se Division of Co P.O. Box 6327	ction prporations
2661 Executive Center Circle		Tallahassee, F	L 32314
Tallahassee, FL 32301			
Enclosed is a check for the following amoun	t:		
■ \$70.00 Filing Fee ■ \$78.75 Filing F Certificate of S		\$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.

(If name unavail New Yor	Mobile Diagnostic, PC able in Florida, enter alternate corporate name k	11 -104 -1100	
(State or countr 01/11/20	y under the law of which it is incorporated)	FEI number, if a	oplicable)
	of incorporation)	(Duration: Year corp. will cease to	o exist or "perpetual")
4035 Rec	(Principal office acreation Ln. Naples, Fl. 341 (Current mailing acres)	116	三条 7
	et address of Florida registered agent: (F Anthony J. Barone	P.O. Box NOT acceptable)	
Name:	4035 Recreation Ln.	24446	
	Naples (City)	, Florida 34116 (Zip code)	90 H H 0
aving been nam signated in this rther agree to c	ent's acceptance: sed as registered agent and to accept set application, I hereby accept the appoin omply with the provisions of all statutes familiar with and accept the obligations	ntment as registered agent and ag s relative to the proper and compl	ree to act in this capacit ete performance of my

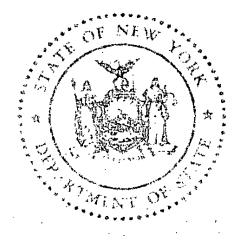
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:				
A. DIRECTORS				
Chairman: Anthony J. Barone				
Address: 4035 Recreation Ln.				
Naples, Fl. 34116				
Vice Chairman: Same				
Address:				
Director: Same				
Address:				
Director: Same				
Address:				
	五名 才			
B. OFFICERS				
President: Same				
Address:				
Addition.				
Vice President. Same	> 5			
vice President:				
Address:				
Same				
Secretary:				
Address:				
Treasurer:				
Address:				
NOTE: If necessary, you may attach an addendum to the application listing additional	officers and/or directors.			
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.				
13 Anthony J. Barone Chairman				

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of HARBOR CHIROPRACTIC DIAGNOSTIC P.C. was filed on 01/11/2013, 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.



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WITNESS my hand and the official seal of the Department of State at the City of Albany, this 26th day of June two thousand and fourteen.

Executive Deputy Secretary of State

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