

# F99000003692

## TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: EASTERN REGIONAL PAIN MANAGEMENT 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", 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.

100002760691--1  
-02/01/99--01128--002  
\*\*\*70.00 \*\*\*70.00

THOMAS COSTELLO D.O.  
(Name of Person)

EASTERN REGIONAL PAIN MANAGEMENT P.C.  
(Firm/Company)

12 SORE BURY MOUNTAIN RD.  
(Address)

100002760691--1  
-07/20/99--01043--001  
\*\*\*1150.00 \*\*\*1150.00

NEW HOPE PA 18938  
(City/State/Zip)

W99-2529

ADM-\$1,150.00

Should you need to call someone concerning this matter, please call:

THOMAS COSTELLO  
(Name of Person)

at ( 252 ) 944-8888  
(Area Code & Daytime Telephone Number)

### COURIER ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

### MAILING ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 JUL 20 PM 1:02

BK 7/20/99

Law Offices

# HOLLAND & KNIGHT LLP

701 Brickell Avenue, Suite 3000  
P.O. Box 015441 (ZIP 33101-5441)  
Miami, Florida 33131

305-374-8500  
FAX 305-789-7799  
www.hklaw.com

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| Atlanta         | Northern Virginia |
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| Mexico City     | Washington, D.C.  |
| New York        | West Palm Beach   |

FELICIA HICKEY  
305-789-7508

July 13, 1999

VIA HAND DELIVERY

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

Re: Eastern Regional Pain Management P.C.

Dear Sir or Madam:

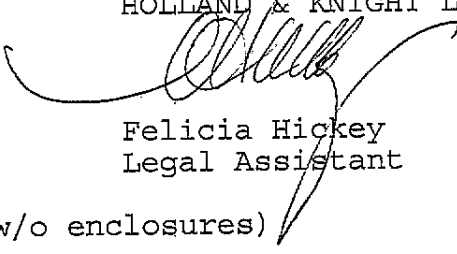
Enclosed please find check number 3540 from the above-referenced entity in the amount of \$1,150.00 as payment for 1998 annual report fees and penalty fees pursuant to your February 1, 1999 letter. For your convenience, I have attached the letter forwarded to Eastern Regional Pain Management P.C. in order to correctly credit this account.

Additionally, enclosed is a corrected Application By Foreign Corporation For Authorization To Transact Business In Florida that we would like to resubmit on behalf of Eastern Regional Pain Management P.C.

Should you need additional information or have questions, please feel free to contact us.

Very truly yours,

HOLLAND & KNIGHT LLP

  
Felicia Hickey  
Legal Assistant

cc: Thomas Costello, D.O. (w/o enclosures)  
Lee Lasris, Esq.

MIA5-752270

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99 JUL 20 PM 1:02

RECEIVED  
JUL 14 AM 10:38  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

February 1, 1999

THOMAS COSTELLO D.O.  
EASTERN REGIONAL PAIN MANAGEMENT P.C.  
12 SOLBURY MOUNTAIN RD.  
NEW HOPE, PA 18938

SUBJECT: EASTERN REGIONAL PAIN MANAGEMENT P.C.  
Ref. Number: W99000002529

We have received your document for EASTERN REGIONAL PAIN MANAGEMENT P.C. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

A certificate of existence, 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.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$1150.00.

Enclosed please find a copy of section 607.1501 or 617.1501, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a sworn affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501 or 617.1501, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 487-6095.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 JUL 20 PM 1:02

Jennifer Sindt  
Document Examiner

Letter Number: 499A00004384

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DIVISION OF CORPORATIONS  
99 JUL 20 PM 1:02



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

June 8, 1999

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 JUL 20 PM 1:02

THOMAS COSTELLO D.O.  
EASTERN REGIONAL PAIN MANAGEMENT P.C.  
12 SOLBURY MOUNTAIN RD.  
NEW HOPE, PA 18938

SUBJECT: EASTERN REGIONAL PAIN MANAGEMENT P.C.  
Ref. Number: W99000002529

This letter is in response to the application by foreign corporation for authorization to transact business in Florida that was previously submitted to this office for EASTERN REGIONAL PAIN MANAGEMENT P.C..

The referenced application states that the corporation has transacted business in the State of Florida since January 1, 1998. You were notified by letter dated February 1, 1999, that because of failure to obtain a certificate of authority prior to transacting business in the State of Florida, the corporation is liable for \$1150.00 in appropriate fees and penalties as set forth in Section 607.1502(4), Florida Statutes, (copy enclosed).

Until a response is received by this office concerning the prior notification, the application by foreign corporation for authorization to transact business in Florida will not be processed. If erroneous information was reflected on the previously submitted application, a sworn affidavit may be filed stating the correct date the corporation first transacted business in Florida, that the corporation did not transact business in Florida prior to the application filing year and that the information entered on such application is incorrect. Any such affidavit will be included with your original qualification documents.

Please provide your response to this letter within 30 days to avoid the necessity of further action.

If you have further questions concerning the filing of your document, please telephone the Foreign Qualification/Tax Lien Section at (850) 487-6051.

Gretchen Harvey  
Document Specialist Supervisor Letter No. 799A00030856

Enclosure

**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:

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
99 JUL 20 PM 1:02

1. EASTERN REGIONAL LAND MANAGEMENT, P.C.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. PENNSYLVANIA  
(State or country under the law of which it is incorporated)
3. 23-2664980  
(FEI number, if applicable)
4. 10-25-91  
(Date of Incorporation)
5. PERPETUAL  
(Duration: Year corp. will cease to exist or "perpetual")
6. 1-1-98  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 12 SOLEBURY MOUNTAIN RD  
NEW HOPE PA 18938  
(Current mailing address)
8. MEDICAL OFFICE  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Intrastate Registered Agent Corporation

Office Address: 701 Brickell Avenue, Suite 3000

Miami, Florida, 33131  
(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)

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 addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: THOMAS COSTELLO

Address: 12 SOLEBURY MOUNTAIN RD  
NEW HOPE PA 18938

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

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

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

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

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

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

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: THOMAS COSTELLO

Address: 12 SOLEBURY MOUNTAIN RD  
NEW HOPE PA 18938

Vice President: N/A

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

Secretary: THOMAS COSTELLO

Address: SAME AS ABOVE

Treasurer: THOMAS COSTELLO

Address: SAME AS ABOVE

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

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. THOMAS P COSTELLO, D.O. PRES.

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 JUL 20 PM 1:02

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

JULY 14, 1999

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

EASTERN REGIONAL PAIN MANAGEMENT, P.C.

is duly incorporated under the laws of the Commonwealth of Pennsylvania  
and remains a subsisting corporation so far as the records of this office  
show, as of the date herein.



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.

*Kim Ditzgen*

Secretary of the Commonwealth

CFEN

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