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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

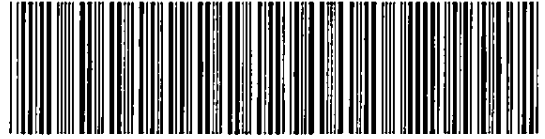
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 2, 2025

MADIHA NASHIB
2310 HEMPSTEAD TPK STE 3
E MEADOW, NY 11554

SUBJECT: MISSION MEDICAL CARE, P.C.
Ref. Number: W25000000330

We have received your document for MISSION MEDICAL CARE, 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):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 825A00000082

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MISSION MEDICAL CARE, 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:

MADIHA NASHIB

Name of Person

INFOTAXSQUARE.COM

Firm/Company

2310 HEMPSTEAD TURNPIKE, STE 3

Address

EAST MEADOW, NY 11554

City/State and Zip code

DYNAMIC_TAX@HOTMAIL.COM

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

For further information concerning this matter, please call:

MADIHA NASHIB

at (516) 822-3100

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

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

- \$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. MISSION MEDICAL CARE, P.C. Inc.
(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. NY 3. 82-3802455
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. DECEMBER 21, 2017 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6. DECEMBER 1ST, 2024
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 9980 N CENTRAL PARK BLVD, SUITE 202, BOCA RATON, FL 33428
(Principal office street address)

265 SUNRISE HWY STE 1-274 ROCKVILLE CTR, NY 11570 - 4912
(Current mailing address, if different)

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

Name: VIKRAM SENGUPTA

Office Address: 9980 N CENTRAL PARK BLVD, SUITE 202

BOCA RATON, Florida 33428
(City) (Zip code)

2024 NOV 26 PM 12: 32
APPROVED AND FILED

9. 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.

S/ Vikeram Sengupta
(Registered agent's signature)

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: VIKRAM SENGUPTA
 Vice Chairman Address: 9980 N CENTRAL PARK BLVD
 Director SUITE 202
 President BOCA RATON, FL 33428
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ 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.

12. VIKRAM SENGUPTA

 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. S/Vikram Sengupta

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

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: MISSION MEDICAL CARE, P.C.
DOS ID Number: 5254397
Entity Type: DOMESTIC PROFESSIONAL SERVICE CORPORATION
Entity Status: EXISTING
Date of Initial Filing with DOS: 12/21/2017
Statement Status: CURRENT
Statement Due Date: 12/31/2025

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,
at the City of Albany, on November 18, 2024 at 12:30 P.M.

WALTER T. MOSLEY
Secretary of State

A handwritten signature in black ink that reads "Brendan C. Hughes".

BRENDAN C. HUGHES
Executive Deputy Secretary of State

Authentication Number: 100006953412 To Verify the authenticity of this document you may access the
Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>