

F12000004391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

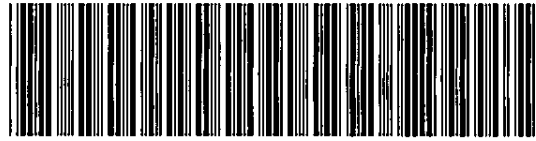
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300240425483

RECEIVED  
DEPARTMENT OF STATE  
12 OCT 26 AM 10:53

12 OCT 26 AM 8:22  
TALLAHASSEE FLORIDA

*K 10/29/12*

**CSC.**



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 394692 4802694

AUTHORIZATION :

*Spuddelex*

COST LIMIT : \$ 701.00

ORDER DATE : October 25, 2012

ORDER TIME : 8:47 AM

ORDER NO. : 394692-005

CUSTOMER NO: 4802694

FOREIGN FILINGS

NAME: SOUTHERN ANESTHESIA &  
SURGICAL, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes -- EXT# 52920

EXAMINER: \_\_\_\_\_

**COVER LETTER**

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

**SUBJECT:** Southern Anesthesia & Surgical, Inc.  
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:

Brian F. Chambers  
Name of Person  
c/o Becken Petty O'Keefe & Company  
Firm/Company  
131 South Dearborn, Suite 2800  
Address  
Chicago, IL 60603  
City/State and Zip code  
bchambers@bpoc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian F. Chambers at ( 312 ) 435-0300 ext 116  
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. Southern Anesthesia & Surgical, 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. Delaware 3.
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 9, 2012 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. c/o Beecken Petty O'Keefe & Company, 131 South Dearborn - Suite 2800, Chicago, IL 60603
(Principal office address)

c/o Beecken Petty O'Keefe & Company, 131 South Dearborn - Suite 2800, Chicago, IL 60603
(Current mailing address)

8. Supplier of dental/general pharmaceuticals and disposables
(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

12 OCT 24 AM 9:22
TALLAHASSEE, FLORIDA

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.

Corporation Service Company

By: Stephanie Mihus Asst. V.P.
(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: \_\_\_\_\_

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

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

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

Director: Thomas A. Schlesinger

Address: c/o Beecken Petty O'Keefe & Company, 131 South Dearborn - Suite 2800, Chicago, IL 60603

Director: Brian F. Chambers

Address: c/o Beecken Petty O'Keefe & Company, 131 South Dearborn - Suite 2800, Chicago, IL 60603

**B. OFFICERS**

President: Thomas A. Schlesinger

Address: c/o Beecken Petty O'Keefe & Company, 131 South Dearborn - Suite 2800, Chicago, IL 60603

Vice President: None

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

Secretary: Brian F. Chambers

Address: c/o Beecken Petty O'Keefe & Company, 131 South Dearborn - Suite 2800, Chicago, IL 60603

Treasurer: None

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

**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. Brian F. Chambers  
(Typed or printed name and capacity of person signing application)

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOUTHERN ANESTHESIA & SURGICAL, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF OCTOBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOUTHERN ANESTHESIA & SURGICAL, INC." WAS INCORPORATED ON THE NINTH DAY OF AUGUST, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

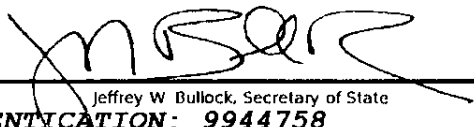
12 OCT 26 AM 9:29  
TALLAHASSEE, FLORIDA

5196346 8300

121167757



You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W Bullock, Secretary of State  
AUTHENTICATION: 9944758

DATE: 10-25-12