M23000079901

(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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The Law Office of

MICHAEL J. DALEY

PLLC

1801 South 2nd Street.
Inter National Bank, Suite 370
Post Office Box 4313
McAllen, Texas 78502
Telephone (956)661-9992
Telefax (956)668-9159

Writer's Email:
md@michaeldaley.com

September 27, 2023

Secretary of State
Corporation New Filings
PO BOX 6327
TALLAHASSEE, FL 32314

RE: KDM ANESTHESIA SERICES, LLC - REGISTRATION OF FOREIGN LLC

Dear Sirs:

Enclosed please find the following:

1. The Cover Letter and Firm check for $125.00 to pay for the Registration costs with regular service requested.

2. The APPLICATION TO TRANSACT BUSINESS for the above described RHODE ISLAND LLC.

3. The RHODE ISLAND CERT. OF GOOD STANDING for the above described ENTITY.

4. Florida Department of Health Nursing License

Please file all documents and send the Certificate of Registration to me at the above address.

Please contact me if you have any questions.

Sincerely,

Michael J. Daley

enc.

COVER LETTER

TO: **Registration Section**
Division of Corporations

KDM ANESTHESIA SERVICES, LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MICHAEL J. DALEY
_____
Name of Person

LAW OFFICE OF MICHAEL J. DALEY, PLLC
_____
Firm/Company

PO BOX 4313
_____
Address

MCALLEN, TX 78502
_____
City/State and Zip Code

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

For further information concerning this matter, please call:

MICHAEL J. DALEY 956 661-9992
_____ at (_____) _____
Name of Contact Person Area Code Daytime Telephone Number

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

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

Enclosed is a check for the following amount:
Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

■ $125.00 Filing Fee ☐ $130.00 Filing Fee & Certificate of Status ☐ $155.00 Filing Fee & Certified Copy ☐ $160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. KDM ANESTHESIA SERVICES, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")

2. RHODE ISLAND
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1360 SE 42ND RD.
OCALA, FL 34480
(Street Address of Principal Office)

6. 1360 SE 42ND RD.
OCALA, FL 34480
(Mailing Address)

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

Name: KEISHA MONAST

Office Address: 1360 SE 42ND RD.

OCALA, Florida 32751
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: KEISHA MONAST	☐Manager	Name:
☐Member	Address: 1360 SE 42ND RD.	☐Member	Address:
☐Authorized Person	OCALA, FL 34480	☐Authorized Person	
☐Other	☐Other	☐Other	☐Other
☐Manager	Name:	☐Manager	Name:
☐Member	Address:	☐Member	Address:
☐Authorized Person		☐Authorized Person	
☐Other	☐Other	☐Other	☐Other
☐Manager	Name:	☐Manager	Name:
☐Member	Address:	☐Member	Address:
☐Authorized Person		☐Authorized Person	
☐Other	☐Other	☐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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Signature of an authorized person

KEISHA MONAST

State of Rhode Island
Department of State | Office of the Secretary of State
***Gregg M. Amore**, Secretary of State*

CERTIFICATE OF GOOD STANDING

I, Gregg M. Amore, Secretary of State and custodian of the seal and corporate records of the State of Rhode Island, hereby certify that:

KDM ANESTHESIA SERVICES, LLC

is a Rhode Island Limited Liability Company organized on **February 23, 2019.**
I further certify that revocation proceedings are not pending; articles of dissolution have not been filed; all annual reports are of record and the company is active and in good standing with this office.

This certificate is not to be considered as a notice of the company's tax status, financial condition or business practices; such information is not available from this office.

SIGNED and SEALED on

August 25, 2023

Secretary of State

Certificate Number: 23080103160
Verify this Certificate at: http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx
Processed by: dantonelli

AC# 11719029

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
04/22/2023	APRN 11016323	170470

THE ADVANCED PRACTICE REGISTERED NURSE

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):
Certified Registered Nurse Anesthetist

Expiration Date: **APRIL 30, 2025**
KEISHA MONAST
851 TRAFALGAR COURT, SUITE 200E
MAITLAND, FL - 32751

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

AC# 11719029

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
04/22/2023	APRN 11016323	170470

THE ADVANCED PRACTICE REGISTERED NURSE

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA

Expiration Date APRIL 30, 2025

KEISHA MONAST

LICENSEE SIGNATURE

QUALIFICATION(S):
Certified Registered Nurse Anesthetist