

B 200342099972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

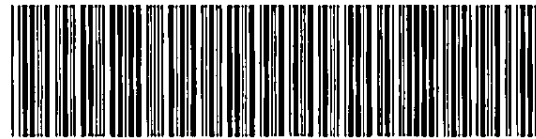
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2020 MAR 16 PM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MAR 20 2020

T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Anesthesia Associates, P.L.L.

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Justin Powell

Contact Person

Waldheger Coyne, LPA

Firm/Company

1991 Crocker Road, Suite 550

Address

Cleveland, Ohio 44145

City, State and Zip Code

jpowell@healthlaw.com

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

For further information concerning this matter, please call:

Justin Powell

at (440) 835-0600

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee)	<input type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status	<input type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy	<input checked="" type="checkbox"/> \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
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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

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA**

1. Anesthesia Associates, P.L.L.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., L.P., or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

Anesthesia Associates, L.L.P.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Ohio

State or Country of Formation

3. 2/20/1997

Date of Formation

4. Federal Employer Identification Number 34-0894140

5. Name of Registered Agent for Service of Process and Florida Street Address:

Mamone Villalon

100 SE 2nd St., Suite 2000

Miami, Florida 33131

6. 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.

[Signature]
Signature of Registered Agent

7. Principal Office:

7757 Auburn Road

Suite 15

Painesville, Ohio 44077

8. Mailing Address:

7757 Auburn Road

Suite 15

Painesville, Ohio 44077

9. If limited partnership is a limited liability limited partnership, check box. ☐

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: James Francis Donohue, M.D.

Street Address: 7757 Auburn Road, Ste. 15

Painesville, Ohio 44077

Mailing Address: Same

Name of General Partner: Paul M. Brzozowski, M.D.

Street Address: 7757 Auburn Road, Ste. 15

Painesville, Ohio 44077

Mailing Address: Same

Name of General Partner: John J. Scerbo, M.D.

Street Address: 7757 Auburn Road, Ste. 15

Painesville, Ohio 44077

Mailing Address: Same

Name of General Partner: John Hagopian, M.D.

Street Address: 7757 Auburn Road, Ste. 15

Painesville, Ohio 44077

Mailing Address: Same

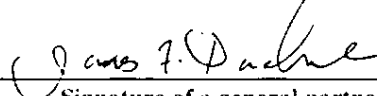
SECRETARY OF STATE
FILED
MAR 16 1997
TALLAHASSEE, FLORIDA

Name of General Partner:	<u>Cailin M. Stubbs, M.D.</u>	Name of General Partner:	<u>Vincent Franczek, M.D.</u>
Street Address:	<u>7757 Auburn Road, Ste. 15</u>	Street Address:	<u>7757 Auburn Road, Ste. 15</u>
	<u>Painesville, Ohio 44077</u>		<u>Painesville, Ohio 44077</u>
Mailing Address:	<u>Same</u>	Mailing Address:	<u>Same</u>

11. Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 6TH day of MARCH, 20 20



Signature of a general partner

The individual signing this document affirms that the facts stated herein are true and the individual 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.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ANESTHESIA ASSOCIATES, P.L.L., an Ohio Limited Liability Partnership, Registration Number 971839, filed on February 20, 1997, is currently in FULL FORCE AND EFFECT upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 14th day of February, A.D. 2020.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202004501210