

# FD1000004386

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ANODYNE MEDICAL SERVICES CORP  
(Name of corporation - must include suffix)

8/15  
MJH

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:

900004536429-17  
-08/15/01--01057--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

KEVIN HUNTER

(Name of Person)

ANODYNE MEDICAL SERVICES CORP

(Firm/Company)

1515 HANCOCK STREET

(Address)

QUINCY, MA 02169

(City/State and Zip code)

01 AUG 15 AM 10:40  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

KEVIN HUNTER

(Name of Person)

at ( 617 ) 471-7200

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration 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**

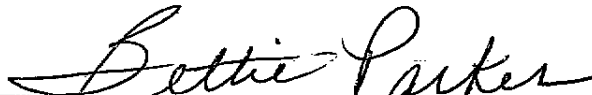
*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. ANODYNE MEDICAL SERVICES CORP  
(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. MASSACHUSETTS 3. 04-2497415  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 05-01-1972 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1515 HANCOCK STREET, QUINCY, MA 02169  
(Principal office address)  
P.O. BOX 2069, QUINCY, MA 02269  
(Current mailing address)
8. HEALTH CARE SERVICES POOL  
(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 or Mail Drop Box **NOT** acceptable)  
Name: BETTIE PARKER  
Office Address: 5222 HARBORSIDE DRIVE  
TAMPA, Florida 33615  
(City) (Zip code)

01 AUG 15 AM 10:40  
FILED  
SECRETARY OF STATE  
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.*



(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: JAMES MURANO

Address: 1515 HANCOCK STREET

QUINCY, MA 02169

Vice Chairman: DONNA SBARDELLA

Address: 1515 HANCOCK STREET

QUINCY, MA 02169

Director: JAMES MURANO

Address: 1515 HANCOCK STREET

QUINCY, MA 02169

Director: DONNA SBARDELLA

Address: 1515 HANCOCK STREET

QUINCY, MA 02169

**B. OFFICERS**

President: JAMES MURANO

Address: 1515 HANCOCK STREET, QUINCY, MA 02169

Vice President: DONNA SBARDELLA

Address: 1515 HANCOCK STREET, QUINCY, MA 02169

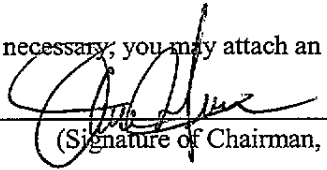
Secretary: JAMES MURANO

Address: 1515 HANCOCK STREET, QUINCY, MA 02169

Treasurer: JAMES MURANO

Address: 1515 HANCOCK STREET, QUINCY, MA 02169

**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. JAMES MURANO, PRESIDENT  
(Typed or printed name and capacity of person signing application)



William Francis Galvin  
Secretary of the  
Commonwealth

# *The Commonwealth of Massachusetts*

*Secretary of the Commonwealth*

*State House, Boston, Massachusetts 02133*

July 30, 2001

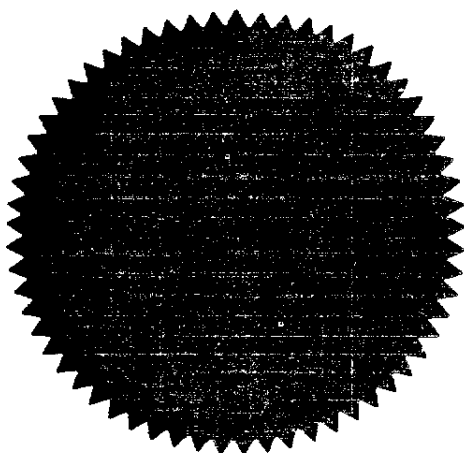
TO WHOM IT MAY CONCERN:

I hereby certify that

## **ANODYNE MEDICAL SERVICES CORPORATION**

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on May 26, 1972.

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

\*MGL Chapter 156B Section 83A provides that certain consolidations and mergers may be filed with the division within thirty days after the effective date of the merger or consolidation.

