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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Outpatient Anesthesia and Pain Treatment, S.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", 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:

Karl Swanson M.D.

(Name of Person)

Outpatient Anesthesia and Pain Treatment, S.C.

(Firm/Company)

1651 Florence Avenue

(Address)

Ft. Walton Beach, FL. 32547

(City/State and Zip code)

For further information concerning this matter, please call:

Karl Swanson

(Name of Person)

at (850) 243-0481

(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

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FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

February 5, 2003

KARL SWANSON M.D.
OUTPATIENT ANESTHESIA AND PAIN TREATMENT
1651 FLORENCE AVENUE
FT. WALTON BEACH, FL 32547

SUBJECT: OUTPATIENT ANESTHESIA AND PAIN TREATMENT, S.C.
Ref. Number: W03000003379

We have received your document for OUTPATIENT ANESTHESIA AND PAIN TREATMENT, S.C. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

Please note that this suffix is for use in Florida only, and does not affect your filing in Illinois in any way.

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 303A00007703

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**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. Outpatient Anesthesia and Pain Treatment, S.C., Incorporated
(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. Illinois 3. 37-1328134
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08-02-1994 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. February 1, 2002
(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. 36008 Emerald Coast Parkway Destin, FL 32541
(Principal office address)

1651 Florence Ave. Ft. Walton Beach, FL 32547
(Current mailing address)

8. any and all legal business
(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: Karl Swanson M.D.

Office Address: 1651 Florence Ave

Ft. Walton Beach, Florida 32547
(City) (Zip code)

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.

Karl Swanson M.D.
(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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Karl Swanson M. D.

Address: 1651 Florence Ave
Ft. Walton Beach, FL 32547

Vice President: Karl Swanson M. D.

Address: 1651 Florence Ave.
Ft. Walton Beach, FL 32547

Secretary: Karl Swanson M. D.

Address: 1651 Florence Ave Ft. Walton Beach, FL 32547

Treasurer: Karl Swanson M. D.

Address: 1651 Florence Ave Ft. Walton Beach, FL 32547

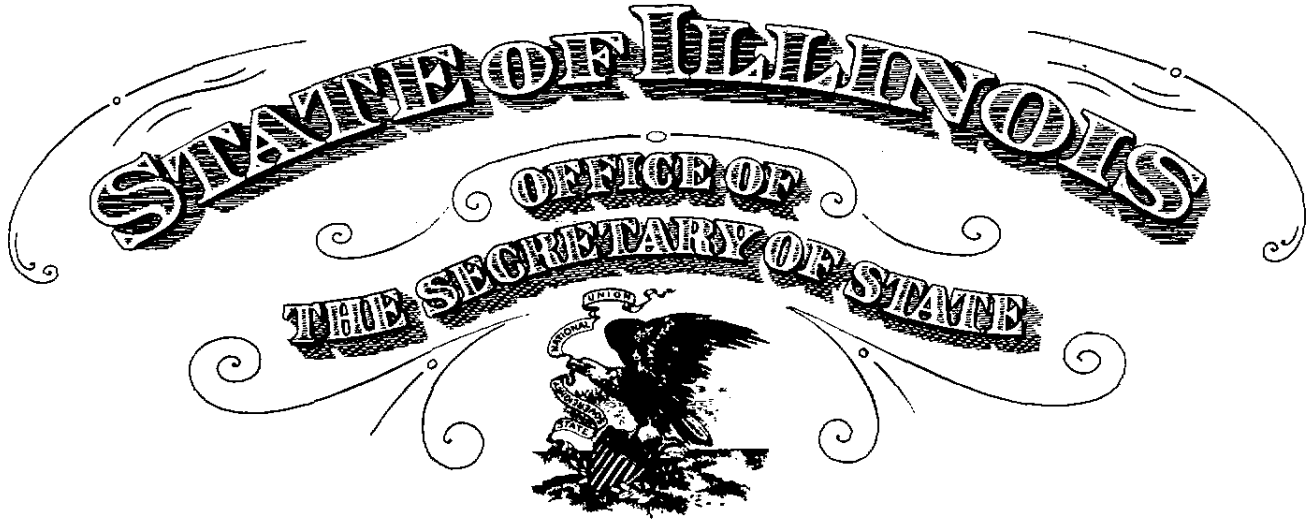
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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Karl Swanson M. D.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Karl Swanson M. D. President
(Typed or printed name and capacity of person signing application)

File Number 5792-682-1



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

OUTPATIENT ANESTHESIA AND PAIN TREATMENT, S.C., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THE STATE OF ILLINOIS, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS*****

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In Testimony Whereof, I, hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 9TH day of JANUARY A.D. 2003.

Jesse White

SECRETARY OF STATE