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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMPASSIONATE HEALTH CARE, P.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:

RUSSELL PLEWINSKI, PRESIDENT

(Name of Person)

COMPASSIONATE HEALTH CARE, P.C.

(Firm/Company)

1748 SE 7TH STREET

(Address)

OCALA, FLORIDA 34471

(City/State and Zip code)

For further information concerning this matter, please call:

GARY SCOTT

(Name of Person)

at (352) 873-6808

(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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TALLAHASSEE, FLORIDA

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. COMPASSIONATE HEALTH CARE P.C.
(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. TENNESSEE 3. 27-0072970
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02 DECEMBER 2003 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. ~~21 JUNE 2004~~ 21 JUNE 2004
(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. 1748 SE 7TH ST Ocala FLORIDA 34471
(Principal office address)

SAME AS ABOVE
(Current mailing address)

8. HEALTH CARE - NURSING SERVICES
(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: GARY SCOTT
OCALA REGIONAL MEDICAL CENTER ANESTHESIA INC.

Office Address: P.O. BOX 1626
OCALA, Florida 34478
(City) (Zip code)

2300 SE 17th Street
OCALA FL 34471

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.

Gary Scott
(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: RUSSELL PLEWINSKI

Address: 1748 SE 7th Street
OCALA, FLORIDA 34471

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: RUSSELL PLEWINSKI

Address: 1748 SE 7th Street
OCALA, FLORIDA 34471

Vice President: _____

Address: _____

Secretary: SUN PLEWINSKI

Address: _____

Treasurer: _____

Address: _____

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

13. Russell Plewinski

(Signature of Director or Officer listed in number 12 of the application)

14. RUSSELL PLEWINSKI, President/Chairman

(Typed or printed name and capacity of person signing application)

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 05/13/2004
REQUEST NUMBER: 5135-0452
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 12/02/2003
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0458524
JURISDICTION: TENNESSEE

TO:
COMPASSIONATE HEALTHCARE PC
AT: R. PLEWINSKI
PO BOX 116
QUECHEE, VT 05059

REQUESTED BY:
COMPASSIONATE HEALTHCARE PC
AT: R. PLEWINSKI
PO BOX 116
QUECHEE, VT 05059

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"COMPASSIONATE HEALTHCARE, P.C."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF
INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

ON DATE: 05/13/04

FROM:
COMPASSIONATE HEALTH CARE, P.C.
5100 POPLAR AVENUE
SUITE 720
MEMPHIS, TN 38137-0000

RECEIVED: FEES \$20.00 \$0.00
TOTAL PAYMENT RECEIVED: \$20.00

RECEIPT NUMBER: 00003507852
ACCOUNT NUMBER: 00455330



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE