

F08000000956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

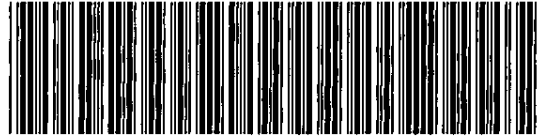
(Document Number)

Certified Copies _____ Certificates of Status _____

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02/11/08--01025--007 **70.00

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2008 MAR -3 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch MAR 5 2008

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Professional Management Group, Inc.
(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:

Kelly R. Jensen
(Name of Person)
Professional Management Group
(Firm/Company)
1954 E. Ft. Union Blvd. Ste 100
(Address)
Salt Lake City UT 84121
(City/State and Zip code)

For further information concerning this matter, please call:

Kelly R. Jensen at (801) 993-9539
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2008

KELLY R JENSEN
1954 E FT UNION BLVD STE 100
SALT LAKE CITY, UT 84121

SUBJECT: PROFESSIONAL MANAGEMENT GROUP, INC. PMG, INC.
Ref. Number: W08000007536

We have received your document for PROFESSIONAL MANAGEMENT GROUP, INC. PMG, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6928.

Tim Burch
Regulatory Specialist II

Letter Number: 708A00009142

See Correction

RECEIVED
08 MAR -3 AM 8:00
DIVISION OF CORPORATIONS

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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 MAR -3 PM 4: 25

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1. Professional Management Group, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Professional Anesthesia Management Group, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Utah

(State or country under the law of which it is incorporated)

3. 87-0479212

(FBI number, if applicable)

4. November 1, 1990

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. January 11, 2008

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1402 SE 47th St. #4 Cape Coral, FL 33904

(Principal office address)

1954 E. Ft. Union Blvd. Ste 100 Salt Lake City UT

(Current mailing address)

84121

8. Medical Billing and Practice Management

(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 NOT acceptable)

Name:

Philip Warenik

Office Address:

1402 SE 47th St. #4

Cape Coral, FL

(City)

, Florida

33904

(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.

X Philip Warenik

(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Steven Jensen

Address: 2109 Rocklin Dr

Sandy UT 84092

Vice President: Kevin Jensen

Address: 1821 Edgecliff Cir

Sandy UT 84092

Secretary: Kelly Jensen

Address: 10179 Flanders Rd

~~Treasurer:~~ Sandy UT 84092

Address: _____

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

13. X 

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

14. Kevin J. Jensen, Vice President

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



**Utah Department of Commerce
Division of Corporations & Commercial Code**

160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438
Web Site: <http://www.commerce.utah.gov>

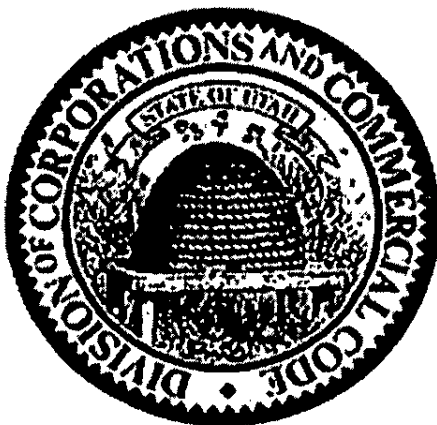
02/06/2008
1073932-014202062008-505087

CERTIFICATE OF EXISTENCE

Registration Number:	1073932-0142
Business Name:	PROFESSIONAL MANAGEMENT GROUP, INC.
Registered Date:	November 01, 1990
Entity Type:	Corporation - Domestic - Profit
Current Status:	Good Standing

FILED
2008 MAR - 3 PM 4: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division; and, that Articles of Dissolution have not been filed.



Kathy Berg

Kathy Berg
Director
Division of Corporations and Commercial Code