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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FOREIGN PROFIT/NONPROFIT CORPORATION**

**CAMDEN ANESTHESIA, P.C.**

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10/21/2009 9:37:33 AM PAGE 1/001

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October 21, 2009

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

\*\*\*ROGERS, TOWERS, BAILEY, ET AL\*\*\*

SUBJECT: CAMDEN ANESTHESIA, P.C.  
REF: W09000046818

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

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

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) 245-6062.

Eula Peterson  
Regulatory Specialist II

FAX Aud. #: H09000224602  
Letter Number: 709A00033561

*The document has been corrected.  
Please keep original filing date of 10/20/2009.*

*Thank you,*

*Susan Bortolotti  
(904) 346-5556*

H09000224602

**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. CAMDEN ANESTHESIA, P.C., Professional Corporation**

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

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

**2. GEORGIA**

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

**3. 58-2425395**

(FEI number, if applicable)

**4. 09/29/1998**

(Date of incorporation)

**5. PERPETUAL**

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

**6. UPON FILING.**

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 2000 Dan Proctor Drive, Anesthesia Department, Saint Marys, Georgia 31558-3810**

(Principal office address)

**96086 HEATH POINT LANE, FERNANDINA BEACH, FL 32034**

(Current mailing address)

**8. The purpose of the corporation is to provide anesthesia 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 NOT acceptable)**

Name: **MICHAEL HOWINGTON**

Office Address: **96086 HEATH POINT LANE**

**FERNANDINA BEACH**

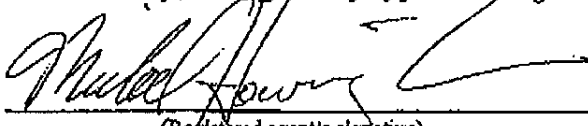
(City)

, Florida **32034**

(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.*



(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: MICHAEL HOWINGTON

Address: 96086 HEATH POINT LANE

FERNANDINA BEACH, FLORIDA 32034

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: MICHAEL HOWINGTON

Address: 96086 HEATH POINT LANE

FERNANDINA BEACH, FLORIDA 32034

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: MICHAEL HOWINGTON

Address: 96086 HEATH POINT LANE, FERNANDINA BEACH, FLORIDA 32034

Treasurer: MICHAEL HOWINGTON

Address: 96086 HEATH POINT LANE, FERNANDINA BEACH, FLORIDA 32034

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

13. 

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

14. MICHAEL HOWINGTON

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

Control No. K835735

# STATE OF GEORGIA

## Secretary of State

H09000224602

Corporations Division  
315 West Tower  
#2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

## CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

### CAMDEN ANESTHESIA, P.C.

#### Domestic Professional Corporation

was formed or was authorized to transact business on 09/29/1998 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 16th day of October, 2009

Karen C Handel  
Secretary of State

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