

F10000004445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

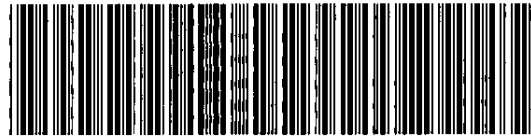
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200186300102

10/06/10--01019--015 \*\*87.50

FILED  
2010 OCT -6 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers OCT 08 2010

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** PHYHEALTH SLEEP CARE CORPORATION

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," or "Certificate of Good Standing" 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:

FIDEL RODRIGUEZ

Name of Person

PHYHEALTH SLEEP CARE CORPORATION

Firm/Company

700 S. ROYAL POINCIANA BLVD, SUITE 506

Address

MIAMI, FL 33166

City/State and Zip code

frodriquez@phyhealth.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FIDEL RODRIGUEZ

Name of Person

at ( 305 ) 779-1761

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

2010 OCT -6 PM 3:00  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

**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. PHYHEALTH SLEEP CARE CORPORATION

(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. DELAWARE

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

3. 27-3583937

(FBI number, if applicable)

4. 9/29/2010

(Date of incorporation)

5. PERPETUAL

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

6. \_\_\_\_\_

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

7. 700 S. ROYAL POINCIANA BLVD, SUITE 506 MIAMI, FL 33166

(Principal office address)

700 S. ROYAL POINCIANA BLVD, SUITE 506 MIAMI, FL 33166

(Current mailing address)

8. TO ENGAGE IN ANY AND ALL BUSINESS ACTIVITIES PERMITTED IN FLORIDA

(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: ROBERT TRINKA

Office Address: 700 S. ROYAL POINCIANA BLVD, SUITE 506

MIAMI

(City)

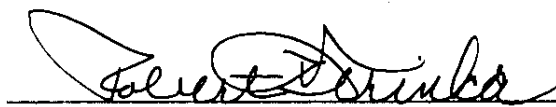
, Florida 33166

(Zip code)

FILED  
2010 OCT -6 PM 3:03  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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: ROBERT TRINKA

Address: 700 S. ROYAL POINCIANA BLVD, SUITE 506 MIAMI, FL 33166

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

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

Director: DAVID NEEL

Address: 700 S. ROYAL POINCIANA BLVD, SUITE 506 MIAMI, FL 33166

Director: FIDEL RODRIGUEZ

Address: 700 S. ROYAL POINCIANA BLVD, SUITE 506 MIAMI, FL 33166

**B. OFFICERS**

President: DAVID NEEL

Address: 700 S. ROYAL POINCIANA BLVD, SUITE 506 MIAMI, FL 33166

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

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

Secretary: FIDEL RODRIGUEZ

Address: 700 S. ROYAL POINCIANA BLVD, SUITE 506 MIAMI, FL 33166

Treasurer: FIDEL RODRIGUEZ

Address: 700 S. ROYAL POINCIANA BLVD, SUITE 506 MIAMI, FL 33166

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

13.   
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. ROBERT TRINKA, CHAIRMAN OF THE BOARD

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

FILED  
2010 OCT -6 PM 3:07  
HALL COUNTY  
FLORIDA  
CLERK

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHYHEALTH SLEEP CARE CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF SEPTEMBER, A.D. 2010.

FILED

2010 OCT -6 PM 3:03


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



4878714 8300

100954309

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 8259878

DATE: 09-29-10