

F110000004411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

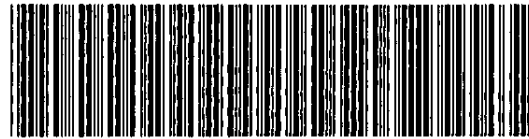
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 11/3



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 28, 2011

JENNIFER HALL  
SOUTHLAND MEDICAL CORPORATION  
466 W MEATS AVENUE  
ORANGE, CA 92865

SUBJECT: SOUTHLAND MEDICAL CORPORATION  
Ref. Number: W11000049969

We have received your document for SOUTHLAND MEDICAL CORPORATION 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 date of incorporation listed in number four of your form must match the date listed on the certificate of status from your state.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap  
Regulatory Specialist II

Letter Number: 811A00022394



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 13, 2011

JENNIFER HALL  
SOUTHLAND MEDICAL CORPORATION  
466 W MEATS AVENUE  
ORANGE, CA 92865

SUBJECT: SOUTHLAND MEDICAL CORPORATION  
Ref. Number: W11000049969

We have received your document for SOUTHLAND MEDICAL CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6921.

Maryanne Dickey  
Regulatory Specialist II Supervisor

Letter Number: 811A00022394

## COVER LETTER

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

**SUBJECT:** Southland Medical 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:

Jennifer Hall  
Name of Person

Southland Medical Corporation  
Firm/Company

466 W. Meats Avenue  
Address

Orange, CA 92865  
City/State and Zip code

Jennifer@Southlandmed.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Hall at ( 800 ) 959-9160  
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

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

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11 NOV-3 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. Southland Medical 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. California 3. 33-0721208  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/8/96 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 2011  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 466 W. Meats Avenue Orange, CA 92865  
(Principal office address)

466 W. Meats Avenue Orange, CA 92865  
(Current mailing address)

8. Provide Mortuary & Medical Supplies  
(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: MARY MALLIE Egan

Office Address: 1201 Edenville Ave.

Cleveswater, Florida 33164  
(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.*

M M Egan  
(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: \_\_\_\_\_

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

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

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

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

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

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

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

**B. OFFICERS**

President: Jennifer Hall

Address: 4666 W. Meats Avenue

Orange, CA 92865

Vice President: Linda Gaffney

Address: 4666 W. Meats Avenue

Orange, CA 92865

Secretary: Aimee Solak

Address: 4666 W. Meats Ave. Orange, CA 92865

Treasurer: Lacey Trosko

Address: 4666 W. Meats Ave. Orange, CA 92865

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

13. Linda Gaffney  
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. Linda Gaffney - Vice President

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

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11 NOV -3 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

**SOUTHLAND MEDICAL CORPORATION**

**FILE NUMBER:** C1976441  
**FORMATION DATE:** 08/08/1996  
**TYPE:** DOMESTIC CORPORATION  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

**FILED**  
**11 NOV -3 PM 1:06**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of September 22, 2011.

*Debra Bowen*

**DEBRA BOWEN**  
**Secretary of State**