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Dr Scherr

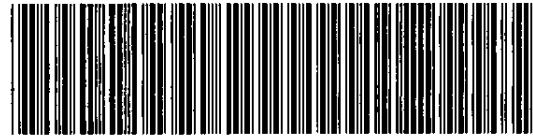
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: DARON SCHERR, M.D., P.A.

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:

Daron Scherr, MD

Name of Person

DARON SCHERR, M.D., P.A.

Firm/Company

485 E. Street

Address

Idaho Falls, ID 83402

City/State and Zip code

DaronScherr@Hotmail.com

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

For further information concerning this matter, please call:

Daron Scherr

Name of Person

at (208) 403-2127

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 TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. DARON SCHERR, M.D., P.A.

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

DARON SCHERR, M.D., P.A.

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

2. Idaho

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

3. 84 -1615052

(FEI number, if applicable)

4. July 15, 2002

(Date of incorporation)

5. perpetual

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

6. N/A

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

7. Suite 102, 8359 Beacon Blvd., Fort Myers, FL 33907

(Principal office address)

485 E. St., Idaho Falls, ID 83402

(Current mailing address)

8. Professional Corporation/Sleep Disorders Specialist Clinic

(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: Daron Scherr, M.D.

Office Address: Suite 102, 8359 Beacon Blvd.

Fort Myers

(City)

, Florida 33907

(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: Daron Scherr, M.D.

Address: 1433 Jamaica Dr.

Sanibel, FL 33957

Vice Chairman: Susan Scherr

Address: 1433 Jamaica Dr.

Sanibel, FL 33957

Director: Daron Scherr, M.D.

Address: 1433 Jamaica Dr.

Sanibel, FL 33957

Director: _____

Address: _____

B. OFFICERS

President: Daron Scherr, M.D.

Address: 1433 Jamaica Dr.

Sanibel, FL 33957

Vice President: Susan Scherr

Address: 1433 Jamaica Dr.

Sanibel, FL 33957

Secretary: Susan Scherr

Address: 1433 Jamaica Dr., Sanibel, FL 33957

Treasurer: Susan Scherr

Address: 1433 Jamaica Dr., Sanibel, FL 33957

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. Daron Scherr, M.D.

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

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State of Idaho

Office of the Secretary of State

**CERTIFICATE OF EXISTENCE
OF
DARON SCHERR, M.D., P.A.**

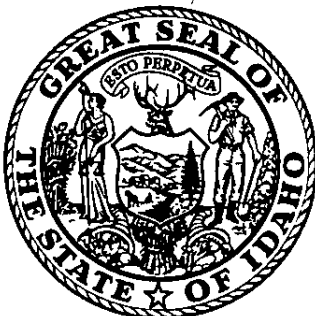
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I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that I am the custodian of the corporation records of this State.

I FURTHER CERTIFY That the record of this office show that the above-named professional corporation was incorporated under the laws of Idaho on July 15, 2002.

I FURTHER CERTIFY That the professional corporation is in goodstanding on the records of this office.

Dated: December 8, 2011



Ben Yursa
SECRETARY OF STATE

By

[Signature]

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