

F12000000628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

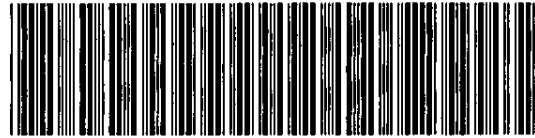
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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J. Shivers FEB 13 2012

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CAB Anesthesia 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," 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:

Clinton Berry
Name of Person
CAB Anesthesia inc
Firm/Company
31478 Pine Run drive
Address
Orange Beach AL 36561
City/State and Zip code
clintberry251@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clinton Berry at (251) 223-6403
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

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

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

2. Alabama 3. 453236830
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. September 13 2011 5. Perpetual
(Date of incorporation) (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. 31478 Pine Run drive Orange Beach AL 36561
(Principal office address)

31478 Pine Run drive Orange Beach AL 36561
(Current mailing address)

8. Provide Anesthesia Coverage
(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: Noah Berry

Office Address: 6 Cedar Street

Gulf Breeze, Florida 32561
(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.

Noah Berry
(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

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Clinton Berry

Address: 31478 Pine Run drive
Orange Beach AL 36561

Vice Chairman: _____

Address: X

Director: X

Address: X

Director: X

Address: _____

B. OFFICERS

President: Clinton Berry

Address: 31478 Pine Run drive
Orange Beach AL 36561

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: Serves all positions @ present

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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. Clinton Berry

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



State of Alabama

Department of Revenue

Certificate of Good Standing

CAB Anesthesia inc. is in compliance with the Alabama business privilege tax payment and return requirements in Chapter 14A, Title 40, Code of Alabama 1975 as of the date of issuance. This certificate is valid for sixty days from the date of issuance.

IN WITNESS WHEREOF, I hereunto set my hand this
date of February 06, 2012.

Director, Individual and Corporate Tax Division

ATTEST:

Secretary

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SECRETARY OF STATE
MONTGOMERY, ALABAMA
ALABAMA, FLORIDA

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Business Privilege Tax

Phone: 334-353-7923

Fax: 334-242-8915

Request Date: January 31, 2012

Request Code: 1201311287416