# F13000002489

| (Requestor's Name)                      |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |  |
| (Addiess)                               |  |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |  |
| (Business Enuty Name)                   |  |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |  |
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Office Use Only



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05/20/13--01026--012 \*\*78.75

T. Burch JUN 11 2013

### **COVER LETTER**

| TO: New Filing Section Division of Corporations  |  |                          |  |              |  |  |  |  |  |  |  |
|--|--|--------------------------|--|--------------|--|--|--|--|--|--|--|
| SUBJECT: Pacific Oaks Medical Group 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 corresponder K. Rask   |  | g this matte             | er to the following  | j:           |  |  |  |  |  |  |  |
| Name of Person   |  |                          |  |              |  |  |  |  |  |  |  |
| Pacific Oaks Medical Group Inc.  |  |                          |  |              |  |  |  |  |  |  |  |
| 7855 Haskell   | Ave Suite 3  | Firm/Cor                 | npany  |              |  |  |  |  |  |  |  |
| Van Nuys, Ca   | ı. 91406   | Addı                     | ress   |              |  |  |  |  |  |  |  |
|  | (  | City/State a             | and Zip code   |              |  |  |  |  |  |  |  |
| mrask@cls-lab  | .com   |                          |  |              |  |  |  |  |  |  |  |
| , , ,  | E-mail address: (  | to be used               | for future annual  | report notif | ication)   |  |  |  |  |  |  |
| For further information  | concerning this mat  | ter, please              | call: merh   |              | ^  |  |  |  |  |  |  |
| Terry Williams   |  | 818                      | •  | 14           | 818  |  |  |  |  |  |  |
| Name of Perso  |  | Area Code & Daytime Tele |  |              | ephone 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 amour  | nt:                      |  |              |  |  |  |  |  |  |  |
| □ \$70.00 Filing Fee   | \$78.75 Filing F<br>Certificate of S<br>See ATTAC<br>) e Her | Status                   | 3 \$78.75 Filing F<br>Certified Copy   |              | \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |  |  |  |  |  |  |



May 21, 2013

MARK K RASK 7855 HASKELL AVE STE 302 VAN NUYS, CA 91406

SUBJECT: PACIFIC OAKS MEDICAL GROUP INC.

Ref. Number: W13000029662

We have received your document for PACIFIC OAKS MEDICAL GROUP INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Foreign Non-Profit Corporation, but your entity is a Foreign Profit Corpoation. Please complete and return the enclosed blank form(s).

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) 245-6052.

Letter Number: 113A00012788

Tim Burch Regulatory Specialist II

www.sunbiz.org



June 4, 2013

MARK K. RASK 7855 HASKELL AVE STE 302 VAN NUYS, CA 91406

SUBJECT: PACIFIC OAKS MEDICAL GROUP INC.

Ref. Number: W13000032188

We have received your document for PACIFIC OAKS MEDICAL GROUP INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$950.00.

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) 245-6052.

Tim Burch Regulatory Specialist II

Letter Number: 413A00013905

www.sunbiz.org

DO DOV GOOD TO U. I

Line 6 on the "Application By Foreign Corporation For Authorization To Transact Business In Florida"

An error was made on the "date first transacted business in Florida, if prior to registration".

Pacific Oaks Medical Group has not had any business transactions in the state of Florida.

I Mark K. Rask incorrectly entered the date of Nov. 2010. There have been NO transactions in the state of Florida for Pacific Oaks Medical Group Inc. prior to the filing of this application.

Mark K. Rask

QA/QC Manager

**Consolidated Laboratory Services** 

Mark Dad

7855 Haskell Ave. Suite 302

Van Nuys, Ca. 91406

RECEIVED

13 JUN 10 PH 431

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State of California

County of Los Angeles, ss

Subscribed and sworn to before me on this 6th day of June , 2013.

By: Mark Kenneth Rask who proved to me on the basis of satisfactory

evidence to be the person(s) who appeared before me.

Notary Public in and for said State.



NANCY V. GASTRO
Commission # 1878383
Notary Public - California
Los Angeles County

My Comm. Expires Jan 29, 2014

# 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.  | Pacific Oaks N      | ledical Group Inc.  |  |  |           |        |           |
|---|---------------------|---|--|--|-----------|--------|-----------|
|   |                     | rporation; must include "INCORPORAT rp," "Inc," "Co," or "Corp.") | ED.  | " "COMPANY," "CORPORATION,"  |           |        |           |
|   | P.O.M.G.            |   |  |  |           |        | _         |
|   | (If name unavailal  | ble in Florida, enter alternate corporate na                      | ıme  | adopted for the purpose of transacting busi  | ness in F | lorida | )         |
| 2.  | California          |   | 3.   | 95-3549759   |           |        |           |
|   | (State or country u | nder the law of which it is incorporated)                         | it is incorporated) (FEI number, if applicable |  |           |        |           |
| 4.  | 10/30/1980          |   | 5.   | Perpetual  |           |        |           |
|   | (Date o             | (Duration: Year corp. will cease to exist                         | or "perpo                                      | etual")  |           |        |           |
| 6.  | Nov. 2010           |   |  |  |           |        |           |
|   |                     |   |  | n Florida, if prior to registration)<br>502, F.S., to determine penalty liability) |           |        | _         |
| 7. 150 N. Robertson Blvd. Suite 300 Beverly Hills Ca. 90211 |                     |   |  |  |           |        |           |
| (Principal office address)                                  |                     |   |  |  |           | Ξ      | _         |
|   | 7855 Haske          | ell Ave. Suite 302 Van N  | luy  | /s Ca. 91406   |           | 785    |           |
|   |                     | (Current mailing  | add  | ress)  |           | 975    | _,<br>;_; |
| <sub>8.</sub> Laboratory Services                           |                     |   |  |  |           |        | <u> </u>  |
| о.  |                     |   | or co  | ountry to be carried out in state of Florida)                                      |           | ÷: 26  | _         |
| 9.  | Name and street     | address of Florida registered agent: (                            | P.C  | D. Box NOT acceptable)   |           | •      |           |
|   | Name:               | Registered Agents Inc.  |  |  |           |        |           |
| O   | ffice Address:      | 3030 N. Rocky Point Dr. STE                                       | 1  | 50A  |           |        |           |
|   | ,                   | Tampa   | . <u>-</u> .                                   | , Florida 33607  |           |        |           |
|   |                     | (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.

Dan Keen-President (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: Anthony Scarsella M.D. Address: 150 N. Robertson Blvd. Suite 300 Beverly Hills, Ca. 90211 Vice Chairman: Director: Address: Director: **B. OFFICERS** President: Anthony Scarsella M.D. Address: 150 N. Robertson Blvd. Suite 300 Beverly Hills, Ca. 90211 Vice President: Secretary: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Anthony Scarsella M.D. Chairman and President

## State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

PACIFIC OAKS MEDICAL GROUP, INC.

FILE NUMBER:

C1030322

FORMATION DATE:

11/18/1980

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

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 May 10, 2013.

DEBRA BOWEN
Secretary of State