

F13000005451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

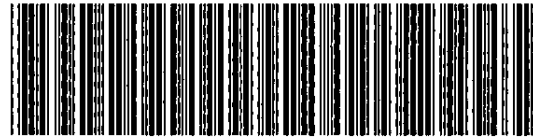
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## COVER LETTER

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

**SUBJECT:** Pulmonary, Critical Care, & Sleep Specialists of Long Beach, 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:

Amjad Munim, MD, PhD

Name of Person

Pulmonary and Critical Care Consultants

Firm/Company

1820 East Commercial Blvd.

Address

Fort Lauderdale, Florida 33308

City/State and Zip code

amjadmunim@bellsouth.net

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

For further information concerning this matter, please call:

Amjad Munim

Name of Person

at ( 954 ) 850-6404

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:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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. Pulmonary, Critical Care, & Sleep Specialists of Long Beach, Inc.

(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, USA

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

3. \_\_\_\_\_

(FEI number, if applicable)

4. SEP 05 2013

(Date of incorporation)

5. perpetual

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

6. No business transaction done yet

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 23517 South Main Street, Suite 103, Carson, CA 90745

(Principal office address)

1820 East Commercial Blvd, Fort Lauderdale, FL 33308

(Current mailing address)

8. Business transactions

(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:

Amjad Munim

Office Address:

1820 East Commercial Blvd

Fort Lauderdale

(City)

, Florida

33308

(Zip code)

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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.*

Amjad Munim, my

(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: Amjad Munim, MD, PhD

Address: 4901 NE18th Terrace, Fort Lauderdale,  
Florida 33308

Vice Chairman: Same as above Amjad Munim, MD, PhD

Address: 4901 NE18th Terrace, Fort Lauderdale  
FL. 33308.

Director: Same as above Amjad Munim, MD, PhD

Address: 4901 NE18th Terrace,  
Fort Lauderdale, FL. 33308

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

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

**B. OFFICERS**

President: Amjad Munim, MD, PhD

Address: 4901 NE18th Terrace, Fort Lauderdale,  
Florida 33308

Vice President: Same as above Amjad Munim, MD, PhD

Address: 4901 NE18th Terrace,  
Fort Lauderdale, FL. 33308.

Secretary: Same as above

Address: Amjad Munim, MD, PhD

Treasurer: 4901 NE18th Terrace,

Address: Fort Lauderdale, FL. 33308

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

13. Amjad Munim, MD, PhD

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. Amjad Munim, MD, PhD- President

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

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

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**CERTIFICATE OF STATUS**

**ENTITY NAME:**

PULMONARY, CRITICAL CARE, & SLEEP SPECIALISTS OF LONG BEACH, INC.

FILE NUMBER: C3591594  
FORMATION DATE: 07/26/2013  
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 December 10, 2013.

*Debra Bowen*

DEBRA BOWEN  
Secretary of State