

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA0000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Advanced ICU Care, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$78.75

RECEIVED

15 SEP 21 AM 10:37

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 SEP 21 A 9:21

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SEP 22 2015

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advanced ICU Care, 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:

Andrea Clegg

Name of Person

Advanced ICU Care, Inc.

Firm/Company

One CityPlace Drive, Suite 570

Address

St. Louis, MO 63141

City/State and Zip code

aclegg@icumedicine.com

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

For further information concerning this matter, please call:

Andrea Clegg

at (314) 514-6045

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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. Advanced ICU Care, 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. Delaware 3. 36-4584776
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/10/2006 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. 06/15/2015
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. One CityPlace Drive, Suite 570, St. Louis, MO 63141
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, FL 33324, Florida
(City) (Zip code)

9. 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.

C T Corporation System

By: Tristan Emrich Tristan Emrich, Assistant Secretary
(Registered agent's signature)

10. 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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2015 SEP 21 A 9:2
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Louis Silverman

Address: One CityPlace Drive, Suite 570, St. Louis, MO 63141

Vice Chairman: _____

Address: _____

Director: Barbara Lubash

Address: One CityPlace Drive, Suite 570, St. Louis, MO 63141

Director: Michael Mikolajczyk

Address: One CityPlace Drive, Suite 570, St. Louis, MO 63141

B. OFFICERS

President: Louis Silverman

Address: One CityPlace Drive, Suite 570, St. Louis, MO 63141

Vice President: _____

Address: _____

Secretary: Andrea Clegg

Address: One CityPlace Drive, Suite 570, St. Louis, MO 63141

Treasurer: Andrea Clegg

Address: One CityPlace Drive, Suite 570, St. Louis, MO 63141

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

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Andrea Clegg, CFO and Secretary

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

FILED
2015 SEP 21 A 9:22
SECRETARY OF STATE
TREASURER
FLORIDA

9/21/2015 10:30:25 AM From: To: 8506176383(5/6)

Advanced ICU Care, Inc.

Directors:

<u>Name</u>	<u>Address</u>
Timothy B. Petersen	One CityPlace Drive, Suite 570, St. Louis, MO 63141
John Reardon	One CityPlace Drive, Suite 570, St. Louis, MO 63141
David N. Schopp	One CityPlace Drive, Suite 570, St. Louis, MO 63141
C. Thomas Smith	One CityPlace Drive, Suite 570, St. Louis, MO 63141

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADVANCED ICU CARE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF SEPTEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



4090627 8300

SR# 20150186248

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 10092818

Date: 09-18-15