

F160000000874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

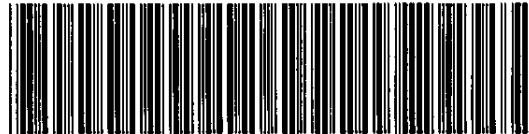
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W16-9617 NOT Avail

Office Use Only



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02/05/16--01013--005 **70.00

2016 FEB 24 PM 3:28
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

K. SALY
EXAMINER
FEB 26



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 8, 2016

LICENSELOGIX, LLC
DANILO
140 GRAND ST, STE. 300
WHITE PLAINS, NY 10601

SUBJECT: PULMONARY CARE SERVICES, INC.
Ref. Number: W16000009617

RECEIVED
2016 FEB 24 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for PULMONARY CARE SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is P07000027796 "PULMONARY CARE SERVICES, INC.".

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 916A00002659



February 18, 2016

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

Re: **Pulmonary Care Services, Inc.**
Application for Foreign Corporation to Transact Business

To Whom It May Concern:

Enclosed please find an **Application for Foreign Corporation to Transact Business** for our client, **Pulmonary Care Services, Inc.** Once the application has been processed, please forward evidence of approval to the mailing address on the application. If there is any issue, or if you require any further information, please do not hesitate to contact us.

Thank you,

LicenseLogix
140 Grand Street, Suite 300
White Plains, NY 10601
service@licenselogix.com
(800) 292-0909

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pulmonary Care Services, 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:

Danilo

Name of Person

LicenseLogix, LLC

Firm/Company

140 Grand St., Suite 300

Address

White Plains, NY 10601

City/State and Zip code

DBandovic@LicenseLogix.com

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

For further information concerning this matter, please call:

Danilo Bandovic on behalf of LicenseLogix, LLC at (914) 644-8963 X 305
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. Pulmonary Care Services, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
AlaMed Inc
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Alabama 3. 630740395
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/03/1978 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. Upon Filing
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 730 Leighton Ave., ~~40015~~ Anniston, AL 36207
(Principal office address)
- _____
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Corporate Creations Network Inc.
- Office Address: 11380 Prosperity Farms Rd # 221E
Palm Beach Gardens, Florida 33410
(City) (Zip code)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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.


(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: D. Larry Cash

Address: 730 Leighton Ave.

Anniston AL 36207

Vice President: _____

Address: _____

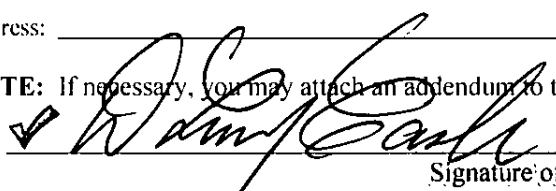
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. D. Larry Cash

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

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2016 FEB 24 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Pulmonary Care Services, Inc. was formed in Calhoun County, Alabama on January 3, 1978. The Alabama Entity Identification number for this entity is 049-191. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

FILED
2016 FEB 24 PM 3:28
STATE OF ALABAMA
TALLAHASSEE, FLORIDA



20160122000020592

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

1/22/2016

Date

J. H. Merrill

John H. Merrill

Secretary of State