

F18 00000 5928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

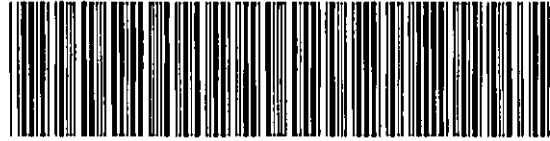
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

JULIA PIND PRINCIPAL CASE PROVIDING
PRINCIPAL ADDRESS + PO BOX
MAILING ADDRESS LISTED IN APPLICATION
SA AB 12/28/18 10:44 AM

Office Use Only



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12/17/18--01034--001 **70.00

APPROVED
AND
FILED

2018 DEC 28 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SA AB
12/28/18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Premier Anesthesia Management, 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:

Heath Ragsdale
Name of Person

Premier Anesthesia Management, Inc
Firm/Company

PO Box 1043
Address

Oklaasso, OK 74055-1043
City/State and Zip code

Julia@handhmedicalservices.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julia Pino at (918) 637-8629
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. Premier Anesthesia Management, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

H2H Medical Services, Incorporated
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Oklahoma USA 3. 47-1578980
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. Aug 5, 2014 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. Jan 1st 2019
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. P.O. Box 1043 Owasso, OK 74055-1043
(Principal office address)

NA 1512 WEST COLONIAL DR ORLANDO FL 32804
(Current mailing address, if different)

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

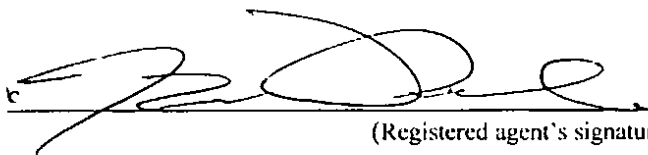
Name: Heath Ragsdale

Office Address: 1512 W Colonial Dr
Orlando, Florida 32804
(City) (Zip code)

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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: N/A

Address: _____

Vice Chairman: N/A

Address: _____

Director: Holly E. Ragsdale

Address: 19236 E. Twin Creeks Drive

Owasso, OK 74055

Director: Daniel Heath Ragsdale

Address: 19236 E. Twin Creeks Drive

Owasso, OK 74055

B. OFFICERS

President: Holly E. Ragsdale

Address: 19236 E. Twin Creeks Drive

Owasso, OK 74055

Vice President: N/A

Address: _____

Secretary: Daniel Heath Ragsdale

Address: 19236 E. Twin Creeks Drive Owasso OK 74055

Treasurer: N/A

Address: _____

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

12. Holly Ragsdale
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. Holly E. Ragsdale, President
(Typed or printed name and capacity of person signing application)

OFFICE OF THE SECRETARY OF STATE



**CERTIFICATE OF GOOD STANDING
DOMESTIC FOR PROFIT BUSINESS CORPORATION**

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that PREMIER ANESTHESIA MANAGEMENT, INC. whose registered agent is MICHAEL JAMES KING, with its registered office at 2448 E. 81ST ST., STE. 5900 TULSA 74137 4259 USA Oklahoma is a Domestic For Profit Business Corporation duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 13th, day of December, 2018.

A handwritten signature in cursive script, reading "James A. Harrison", is written over a horizontal line.

Secretary Of State