## F2200004687

(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:					
N27-90863					

Office Use Only



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### Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312
(850) 656-4724

DATE	2022	<b>,</b> .
		**WALK I/
ENTITY NAME	ANESTHE	SIA ONCALL, INC.
DOCUMENT NI	UMBER	
	1	*PLEASE FILE THE ATTACHED AND RETURN**
xxxxxx	Pla	іл Сору
	Cer	tified Copy
	Cer	tificate of Status
	-	
	**PLEAS	E OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**
<u></u>	Cer	tified Copy of Arts & Amendments
	Cer	tified Copy of Arts & Amendments Complete File (Including Annual Reports)
	Cer	tificate of Status
	Cer.	tificate of Status Reflecting:
	¥r≭ j	APOSTILLE' / NOTARIAL CERTIFICATION**
COUNTRY OF DE	ESTINATION	
NUMBER OF CER	RTIFICATES REC	
TOTAL OWED S	70.00	ACCOUNT # 120160000072
		ACCOUNT # 120160000072 W: ACCOUNT # 120160000072

#### **COVER LETTER**

COVERD	EIIEK
TO: Registration Section Division of Corporations	
SUBJECT: Anesthesia OnCall, Inc.	
	- must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stan above referenced foreign corporation to transact busine	ding" and check are submitted to register the
Please return all correspondence concerning this matter	to the following:
Rebecca Ware	
Name of l	Person
Bass, Berry & Sims PLC	
Firm/Com	pany
150 Third Avenue South, Suite 2800	,
Addre	SS
Nashville, TN 37201	
City/State ar	nd Zip code
5.1.J. 5.1.1.0 tt	14 Zip 6652
E-mail address: (to be used for	or future annual report notification)
For further information concerning this matter, please ca	ali:
Rebecca Ware	259-6579
Name of Person Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT (  \$70.00 Filing Fee \$ \$78.75 Filing Fee &	OF STATE \$78.75 Filing Fee &  \[ \Boxed{\Boxesia} \$87.50 Filing Fee, \]



May 16, 2022

REBECCA WARE 150 THIRD AVE S STE 2800 NASHVILLE, TN 37201

The name ANESTHESIA ONCALL, LLC has been reserved for 120 days beginning April 20, 2022. The reservation number is R22000000113 and this reservation is NONRENEWABLE.

A reservation is not a grant of authority to use the name. It is only a withholding of a name from its availability for use by another. When the proposed document is submitted, the name will **AGAIN** be checked against the records of the Division and if still no conflict exists and all other requirements are fulfilled, the reserved name shall be filed as the entity name.

The Division of Corporations is a ministerial filing office and may not render any legal advice. The Division does not adjudicate the legality of any corporate name or arbitrate disputes between entities. You may wish to review other laws such as common law rights, including rights to a trade name; United States Code, Federal Trademark Act, Section 1051 (Lantham Act); Chapter 495, Florida Statutes, Registration of Trademarks and Service Marks (Florida Trademark Act); and Section 865.09, Florida Statutes (Fictitious Name Act).

If someone else submits the document for filing, it must have a copy of this letter attached.

Should you have any questions regarding this matter, please telephone (850) 488-9000, the Name Availability Section

Karen Lovelace Letter number: 222A00011144

#### 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.

		dopted for the purpose of transacting bu	asiness in Plo	orida)	
Delaware	3.	(FEI number, if applicable)			
April 7, 2022	ry under the law of which it is incorporated)  5.				
(Date	of incorporation)	(Date of duration, if other than	(Date of duration, if other than perpetual)		
10000 14 15 16	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 2, F.S., to determine penalty liability)			
12222 Merit Driv	ve, Suite 700, Dallas, TX 75251				
	(Principal office	e <u>street</u> address)			
	(Current mailing	address, if different)	-	20,	•
Name and street	(Current mailing et address of Florida registered agent: (P.O.	·	- -	2022 JUL	1
Name and stree	_	·	-	2022 JUL 22	•
	et address of Florida registered agent: (P.O.	·	- - - - -	X	į
Name:	et address of Florida registered agent: (P.O.  C T Corporation System  1200 South Plue Island Road	·			

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.

(Registered agent's signature) Natalie Leiba-Paul - Assistant Secretary

A. DIRECTORS				
□ Chairman	Name: Len Wright		Name: Tyler McBee  12222 Merit Drive  Address:	
□ Vice Chairman	Address:	_ □ Vice Chairman		
Director	Suite 700	_ Director	Suite 700	
<b>■</b> President	Dallas, TX 75251	_ President	Dallas, TX 75251	
□Vice President		□ Vice President		
□ Secretary	☐ Treasurer	□ Secretary	Treasurer	
□Other	Other	Other	□Other	
□Chairman	Name: Amy Sanford	_ □Chairman	Name;	
□ Vice Chairman	Address: 12222 Merit Drive			
Director	Suite 700	<b>O</b> 5:	Address:	
President	Dallas, TX 75251			
□ Vice President		□ Vice President		
Secretary	☐Treasur <b>e</b> r	□ Secretary	□ Treasure:	
Other	Other	Other	Other	
□ Chairman	Name:	Chairman	Name:	
□Vice Chairman	Address:		Address:	
□Director _				
□President		□President		
□Vice President .		□Vice President		
Secretary	☐ Treasurer	□ Secretary	Treasurer	
Other	Other	□Other		
(mportant Notice: U individuals may be a	se an attachment to report more than six (6). To added to the index when filing your Florida De Signature of Dir	partment of State Annual Rep	for reporting purposes only. Non-indexed ort form.	

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.

# Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ANESTHESIA ONCALL, 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 TWENTY-FIRST DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ANESTHESIA ONCALL, INC." WAS INCORPORATED ON THE SEVENTH DAY OF APRIL, A.D. 2022.

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



Jeffrey W. Buflock, Secretary of State

Authentication: 203977590