

F23000000254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

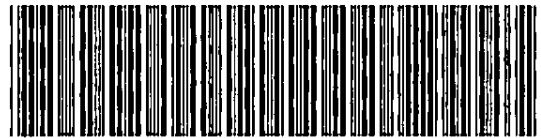
(Document Number)

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JAN 17 2023

M. SOLOMON

**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. Cruthland Anesthesia Services, Professional Corporation
(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. Texas 3. 75-2860818
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. Jan. 12, 2000 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. Jan 12 2003
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 27030 Mora Rd, Bonita Springs, FL 34135
(Principal office street address)

(Current mailing address, if different)

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

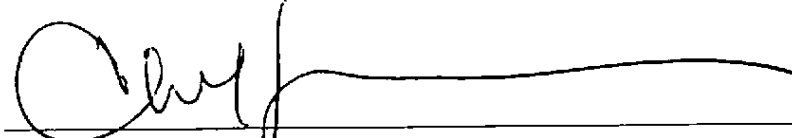
Name: Christin Johnson

Office Address: 27030 Mora Rd

Bonita Springs, Florida 34135
(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.


(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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JAN 17 2023

A. DIRECTORS

☐ Chairman Name: Christine Johnson
☐ Vice Chairman Address: 27030 Mora Rd
☐ Director Bonita Springs FL
☒ President 34135
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: David Johnson
☐ Vice Chairman Address: 27030 Mora Rd
☐ Director Bonita Springs FL
☐ President 34135
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: David Johnson
☐ Vice Chairman Address: 27030 Mora Rd
☐ Director Bonita Springs, Florida
☐ President 34135
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Christine Johnson
☐ Vice Chairman Address: 27030 Mora Rd
☐ Director Bonita Springs, FL
☐ President 34135
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. [Signature] President
 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. Christine Johnson President
 (Typed or printed name and capacity of person signing application)

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Corporations Section,
P.O.Box 13697
Austin, Texas 78711-3697



Jose A. Esparza
Deputy Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for GUTHLAND ANESTHESIA SERVICES, P.C. (file number 92624302), a Domestic Professional Corporation, was filed in this office on January 12, 2000.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 12, 2023.



A handwritten signature of Jose A. Esparza, consisting of stylized initials and a long horizontal stroke.

Jose A. Esparza
Deputy Secretary of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 4, 2023

CHRISTINE JOHNSON
GUTHLAND ANESTHESIA SERVICES, P.C.
27030 MORA RD
BONITA SPRINGS, FL 34135

SUBJECT: GUTHLAND ANESTHESIA SERVICES, P.C.
Ref. Number: W22000145366

We have received your document for GUTHLAND ANESTHESIA SERVICES, P.C. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 523A00000176

RECEIVED
JAN 17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 15, 2022

CHRISTINE JOHNSON
GUTHLAND ANESTHESIA SERVICES, P.C.
27030 MORA RD
BONITA SPRINGS, FL 34135

SUBJECT: GUTHLAND ANESTHESIA SERVICES, P.C.
Ref. Number: W22000145366

We have received your document for GUTHLAND ANESTHESIA SERVICES, P.C. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Florida law does not provide for the recognition of a foreign professional corporation. An acceptable corporate suffix will need to be added to your entity name for this Department to accept and file your document.

Can spell out Professional Corporation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 522A00027935

*Added Spelled out
Professional Corporation
to name.
Christine Johnson*

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JAN 03 2023



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 22, 2022

CHRISTINE JOHNSON
GUTHLAND ANESTHESIA SERVICES, P.C.
27030 MORA RD
BONITA SPRINGS, FL 34135

SUBJECT: GUTHLAND ANESTHESIA SERVICES, P.C.
Ref. Number: W22000145366

We have received your document for GUTHLAND ANESTHESIA SERVICES, P.C. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Florida law does not provide for the recognition of a foreign professional corporation. An acceptable corporate suffix will need to be added to your entity name for this Department to accept and file your document.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 422A00025982

12-3-22

Corrected name on #1 of application.

Christine
Johnson

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DEC 12 2022