

F95000001765

TRANSMITTAL LETTER

**TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS**

100001438471
-03/24/95--01020--004
*****78.75 *****78.75

w95-6570

SUBJECT: Respiratory Testing 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", 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:

Sidney M. Harrell

(Name of Person)

Attorney at Law

(Firm/Company)

P. O. Box 8293

(Address)

Mobile, AL 36608

(City, State and Zip Code)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 AM 9:54
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(Should you need to call someone concerning this matter, please call:

Sidney M. Harrell

(Name of Person)

at (334) 476-3330

Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

March 24, 1995

SIDNEY M. HARRELL
P.O. BOX 8293
MOBILE, AL 36608

SUBJECT: RESPIRATORY TESTING SERVICES, INC.
Ref. Number: W95000006570

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We have received your document for **RESPIRATORY TESTING SERVICES, INC.** and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The date first transacted business in Florida within the meaning of s. 607.1501, F.S., must be set forth in section 6 of the application. If the corporation has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office is required to collect the minimum civil penalty of \$500 for each year other than the application filing year, that a foreign corporation transacts business in this state without authority along with the past annual report fees due this office.)

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 (904) 487-6097.

Michael Mays
Corporate Specialist

Letter Number: 795A00013434

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:**

1. Respiratory Testing Services, Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Alabama 3. 63-1127894
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. September 27, 1994 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. "Upon qualification"
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.)

7. _____
4362 Midmost Drive, Suite G, Mobile, AL 36609
(Current mailing address)

8. To operate a Respiratory Testing business
(Purpose(s) of corporation authorized in home state or country to be carried out in this state of Florida)

9. **Name and street address of Florida registered agent:**

Name: Willie J. Foster

Office Address: 939 Regency Dr.

Pace, Florida, 32571
(Zip Code)

10. **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)

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

A. DIRECTORS

Chairman: Charles E. Foster

Address: 4362 Midmost Drive, Suite G
Mobile, AL 36609

Vice Chairman: _____

Address: _____

Director: Pamela M. Foster

Address: 4362 Midmost Drive, Suite G
Mobile, AL 36609

Director: _____

Address: _____

B. OFFICERS

President: Charles E. Foster

Address: 4362 Midmost Drive, Suite G
Mobile, AL 36609

Vice President: _____

Address: _____

Secretary: Pamela M. Foster

Address: 4362 Midmost Drive, Suite G
Mobile, AL 36609

Treasurer: _____

Address: _____

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

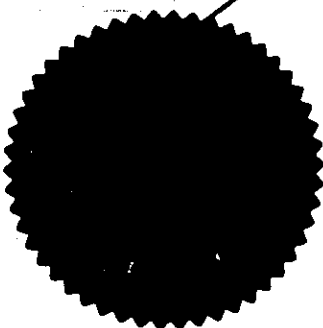
13. Charles E. Foster CHAIRMAN
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Charles E. Foster - Chairman
(Typed or printed name and capacity of person signing application)

STATE OF ALABAMA

I, Jim Bennett, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that the domestic corporation records on file in this office disclose that Respiratory Testing Services, Inc., a close corporation incorporated in Mobile County, Theodore, Alabama on September 27, 1994. I further certify that the records do not disclose that said Respiratory Testing Services, Inc., a close corporation has been dissolved.

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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.

March 14, 1995

Date

Jim Bennett

Jim Bennett

Secretary of State

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

076 NOV -4 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300002001073--9
-11/08/96--01111--026
****200.00 ****200.00

300002001073--9
-11/08/96--01111--027
****175.00 ****175.00

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000001765**

1. Corporation Name

RESPIRATORY TESTING SERVICES, INC.

Principal Place of Business

4382 MIDMOST DRIVE
SUITE G
MOBILE AL 36688

Mailing Address

4382 MIDMOST DRIVE
SUITE G
MOBILE AL 36688

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/12/1985

5. FEI Number

63-1127884

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
POD	FOSTER, CHARLES E	4382 MIDMOST DRIVE, STE G	MOBILE AL
SD	FOSTER, PAMELA M	4382 MIDMOST DRIVE, STE G	MOBILE AL
			300002001073--9 -11/08/96--01111--028 *****8.75 *****8.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

FOSTER, WILIE J
808 REGENCY DR.
PACE FL 32571

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Charles E. Foster **REQUIRED**

REGISTERED AGENT MUST SIGN

Date

10/8/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES E. FOSTER

10/3/96 334-341-0206
Date Daytime Phone #