

F99000001954
TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: **Ambulatory Services Of America, Incorporated**
(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:

Richard Marasco, CEO

(Name of Person)

Ambulatory Services Of America, Inc.

(Firm/Company)

9 North Goodwin Avenue

(Address)

Elmsford, New York 10523

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Christopher Brazzano

914

345-8618

(Name of Person)

at

(Area Code & Daytime Telephone Number)

FILED
99 APR 15 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300002839113--1
-04/14/99--01071--004
*****87.50 *****87.50

STREET ADDRESS:

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

MAILING ADDRESS:

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

4/15/99

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



Portable Physiological Evaluations

9 North Goodwin Avenue, Elmsford, NY 10523

(914) 345-8618

(fax) 345-9073

Qualification/Tax Lien Section
Division Of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

April 13, 1999

Re: "Application by Foreign Corporation for Authorization to Transact Business in Florida"

To whom it may concern,

Enclosed please find the following; (one original and one copy of each)

- Application by Foreign Corporation for Authorization to Transact Business in Florida
- Transmittal Letter
- Original Certificate of Existence

I have enclosed a check in the amount of \$87.50 to cover the cost of filing, Certificate of Status & Certified Copy of such.

Please forward this original document to:

Ambulatory Services of America, Inc.
9 North Goodwin Avenue
Elmsford, New York 10523
Att: Chris Brazzano, Director Managed Care Contracting

Should you have any questions or comments please do not hesitate to call me at (914) 345-8618.
Thank you for your prompt attention to this matter.

Sincerely,

Christopher L. Brazzano
Director of Managed Care Contracting

FILED
99 APR 15 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. **Ambulatory Services of America, 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. **New York State** 3. **14-1734483**
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. **09/11/90** 5. **Perpetual**
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. **To be determined**
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. **9 North Goodwin Avenue**
Elmsford, New York 10523
(Current mailing address)
8. **Home and hospital based sleep testing and treatment**
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: **Registered Corporate Agents, Inc.**
Office Address: **612 South Greenwood Avenue**
Clearwater, Florida, Florida, **33756**
(Zip code)

FILED
99 APR 15 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Peggy Lee Hyson
(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.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Richard Marasco

Address: 9 North Goodwin
Elmsford, New York 10523

Vice Chairman: Marc Anthony

Address: 9 North Goodwin
Elmsford, New York 10523

Director: Annamarie Marasco

Address: 9 North Goodwin Avenue
Elmsford, New York 10523

Director: _____

Address: _____

FILED
99 APR 15 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Richard Marasco, CEO

Address: 9 North Goodwin Avenue
Elmsford, New York 10523

Vice President: Marc Anthony, Executive Vice President

Address: 9 North Goodwin Avenue
Elmsford, New York 10523

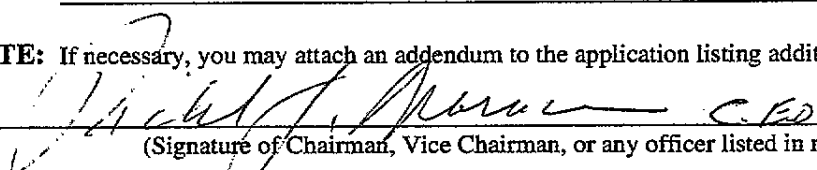
Secretary: _____

Address: _____

Treasurer: Annamarie Marasco

Address: 9 North Goodwin Avenue
Elmsford, New York 10523

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

13.  C.E.O.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

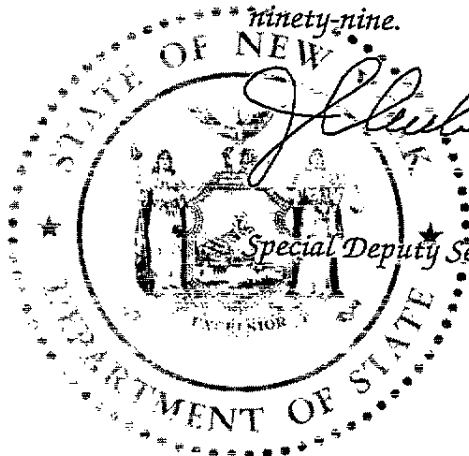
14. Richard Marasco, CEO
(Typed or printed name and capacity of person signing application)

State of New York
Department of State } ss:

I hereby certify, that the certificate of incorporation of AMBULATORY SERVICES OF AMERICA, INC. was filed on 09/11/1990, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

The Biennial Statement is past due.

Witness my hand and the official seal
of the Department of State at the City
of Albany, this 26th day of March
one thousand nine hundred and
ninety-nine.



Special Deputy Secretary of State

199903260355 63

FILED
99 APR 15 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA