

M05000005988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

M05-5988

(Document Number)

Certified Copies 1 Certificates of Status \_\_\_\_\_

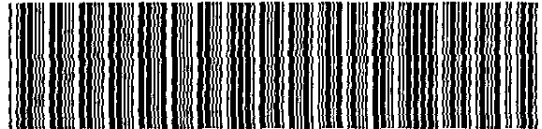
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TALLAHASSEE FLORIDA

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## **legalfilings.com**

20121 Ventura Blvd., Suite 302  
Woodland Hills, CA 91364  
Phone: 818-592-4040  
Fax: 818-592-4041

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find two copies of the Application by Foreign Limited Liability Company to transact business in Florida for **Cavanaugh Surgical Services LLC**. Also, enclosed please find a check made out to Florida Department of State for the amount of \$155.00 (we are requesting for the Certified Copy of the Articles).

Please send a stamped copy of the articles to:

Legalfilings.com, Inc.  
16830 Ventura Blvd, Suite 360  
Encino, CA 91436

If you have any questions, please feel free to contact me at 800-880-2602 ext 373

Sincerely,

Nikki Steen  
*Client Services Specialist*

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cavanaugh Surgical Services LLC  
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Nikki Steen

(Name of Person)

Legalfilings.com, Inc.

(Firm/Company)

16830 Ventura Blvd, Suite 360

(Address)

Encino CA 91436

(City/State and Zip Code)

For further information concerning this matter, please call:

Nikki Steen

(Name of Person)

at ( 818 ) 592-4040

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$125.00 Filing Fee     \$130.00 Filing Fee & Certificate of Status     \$155.00 Filing Fee & Certified Copy     \$160.00 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Cavanaugh Surgical Services LLC  
(Name of Foreign Limited Liability Company)
2. New Jersey  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. \_\_\_\_\_  
(FEI number, if applicable)
4. 04-29-2004  
(Date of Organization)
5. perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 4711 N.E. 6th Ave., Fort Lauderdale, FL 33334  
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:  
Sheila H. Cavanaugh 4711 N.E. 6th Ave., Fort Lauderdale, FL 33334  
\_\_\_\_\_  
\_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: R.N. first assistant services

Sheila H. Cavanaugh  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)  
Sheila H. Cavanaugh  
\_\_\_\_\_  
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Cavanaugh Surgical Services LLC

2. The name and the Florida street address of the registered agent and office are:

Sheila H. Cavanaugh

(Name)

4711 N.E. 6th Ave.

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Fort Lauderdale/ FL / 33334

City/State/Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.*

By:

Sheila H. Cavanaugh  
(Signature)

\$ 100.00 Filing Fee for Application  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (optional)  
\$ 5.00 Certificate of Status (optional)

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

CAVANAUGH SURGICAL SERVICES LIMITED LIABILITY  
COMPANY

0400056382

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on April 28, 2004.*

*As of the date of this certificate, said business continues as an active business in the State of New Jersey. Annual Reports are outstanding for the following year(s):*

2005

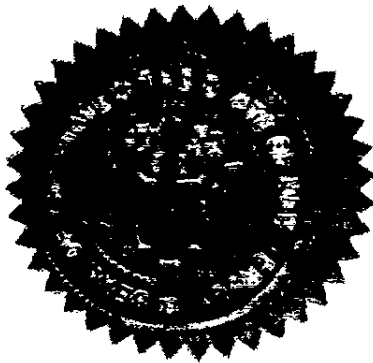
*I further certify that the registered agent and registered office are:*

Sheila Cavanaugh  
201 Lincoln Drive  
Brigantine, NJ 08203

*Continued on next page . . .*

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

CAVANAUGH SURGICAL SERVICES LIMITED LIABILITY  
COMPANY



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
at Trenton, this  
13th day of October, 2005*

A handwritten signature in cursive script, appearing to read "John E. McCormac".

John E McCormac, CPA  
State Treasurer