

162000015459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

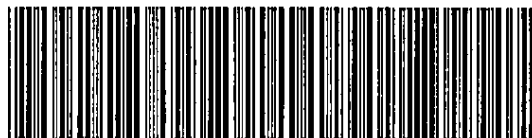
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Southern Anesthesia Services, P.L.C.  
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:

Christy M. Couevas, CRNA  
Name of Person

Southern Anesthesia Services, P.L.C. D/B/A Gulf Coast Hydration  
Firm/Company

12465 Raintree PL  
Address

Biloxi, Ms 39532  
City/State and Zip Code

anesthesiaservices.llc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christy M. Couevas at ( 423 ) 304-4359  
Name of Contact Person Area Code Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 24, 2022

CHRISTY M COUEVAS  
12465 RAINTREE PL  
BILOXI, MS 39532

SUBJECT: SOUTHERN ANESTHESIA SERVICES, LLC  
Ref. Number: W22000101594

We have received your document for SOUTHERN ANESTHESIA SERVICES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The designation of the registered agent must be at a Florida street address.

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 (850) 245-6051.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 122A00017518

RECEIVED  
OCT 03 2022

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Southern Anesthesia Services, PLLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")
- Southern Anesthesia Services, Professional Limited Liability Corporation  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")
2. MS  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 84-3412827  
(FBI number, if applicable)

4. N/A

(Does first transacted business in Florida, if prior to registration,  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 12465 Raintree PL  
(Street Address of Principal Office)

Biloxi Ms 39532

6. 12465 Raintree PL  
(Mailing Address)

Biloxi Ms 39532

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

Name:

United States Corp. Agents, Inc

Office Address:

5575 S. Semoran Blvd. Suite 36

Orlando

(City)

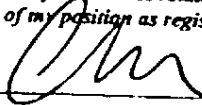
, Florida

32822

(Zip code)

Registered agent's acceptance:

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 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.



Cheyenne Moseley, Asst. Secretary on behalf of United  
States Corporation Agents, Inc.

(Registered agent's signature)

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ILLU

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:**                      **Name and Address:**

☐ Manager      Name: Christy Corderas

☐ Member      Address: 12465 Raintree PL

☐ Authorized      Beloxi, Ms 39532

Person \_\_\_\_\_

☒ Other Owner                      ☐ Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person \_\_\_\_\_

☐ 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.

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 695.0203 (1) (b), Florida Statutes. I am aware that any 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.

Christy Corderas

Signature of an authorized person

Christy Corderas

Typed or printed name of signer



**Michael Watson**  
SECRETARY OF STATE

Office of the Secretary of State  
Jackson, Mississippi

## Certificate of Good Standing

I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

### **SOUTHERN ANESTHESIA SERVICES PLLC**

Registered the 18th day of October, 2019

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

4780 I-55 N, Suite 100  
Jackson, MS 39211

And that the registered agent at that address is:

United States Corporation Agents, Inc.

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office  
the 16th day of August, 2022

A handwritten signature in black ink that reads "Michael Watson".

Certificate Number: CN22146284

Verify this certificate online at <http://corp.sos.ms.gov/corpconv/verifycertificate.aspx>