

M23000002388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

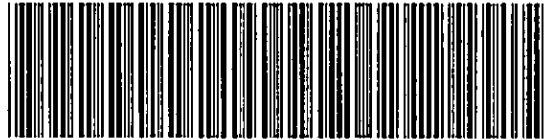
(Document Number)

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Special Instructions to Filing Officer:

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FEB 23 2023
K. Brumby



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2023

YVETTE BAUM
5483 W. WATERS AVE.
STE 1200
TAMPA, FL 33634

SUBJECT: PRECISION ANESTHESIA BILLING LLC
Ref. Number: W23000015930

We have received your document for PRECISION ANESTHESIA BILLING LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

included
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.

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) 245-6053.

Yvette Scott
Supervisor

Letter Number: 623A00002812



Precision Anesthesia Billing, LLC

January 9, 2023

To Whom it may concern:

I would like to register Precision Anesthesia Billing LLC as a foreign corporation. It is a Tennessee corporation. The application, payment and certificate of tax clearance are included. Please let me know if anything else is needed.

Sincerely,

A handwritten signature in black ink that reads "Carol Katz". The signature is written in a cursive, flowing style.

Carol Katz
CEO

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Precision Anesthesia Billing, 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:

Yvette Baum
Name of Person

Precision Anesthesia Billing LLC
Firm/Company

5483 W. Waters Ave #1200
Address

Tampa FL 33634
City/State and Zip Code

Yvette @ PABLLC.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yvette Baum at (813) 287-5718
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

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. Precision Anesthesia Billing, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Tennessee
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 92-0410241
(FEI number, if applicable)

4. January 3, 2023
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5483 W. Waters Ave
(Street Address of Principal Office)

6. 5483 W. Waters Ave
(Mailing Address)

Suite 1200

suite 1200

Tampa, FL 33634

Tampa, FL 33634

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

Name: Yvette Baum

Office Address: 5483 W. Waters Ave, Suite 1200

Tampa, Florida 33634
(City) (Zip code)

2023 FEB 23 PM 1:30
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ADVISORY

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.

Yvette Baum
(Registered agent's signature)

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Jesse E Scruggs</u>	<input type="checkbox"/> Manager	Name: <u>Paul A. Mazzoni</u>
<input checked="" type="checkbox"/> Member	Address: <u>508 Huckleberry Rd</u>	<input checked="" type="checkbox"/> Member	Address: <u>6432 Edinburgh</u>
<input type="checkbox"/> Authorized Person	<u>Nashville TN 37205</u>	<input type="checkbox"/> Authorized Person	<u>Nashville, TN 37221</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Yvette Baum</u>	<input type="checkbox"/> Manager	Name: <u>Carol Katz</u>
<input type="checkbox"/> Member	Address: <u>6332 Frost Dr.</u>	<input type="checkbox"/> Member	Address: <u>3069 Grove St N</u>
<input checked="" type="checkbox"/> Authorized Person	<u>Tampa, FL 33625</u>	<input checked="" type="checkbox"/> Authorized Person	<u>St Petersburg, FL</u> <u>33704 330</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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 605.0203 (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.

Yvette Baum
Signature of an authorized person

Yvette Baum
Typed or printed name of signee



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

PRECISION MEDICAL BILLING
YVETTE BAUM
SUITE 1200
5483 W WATERS AVE
TAMPA, FL 33634

February 16, 2023

Request Type: Certificate of Existence/Authorization
Request #: 0516632

Issuance Date: 02/16/2023
Copies Requested: 1

Document Receipt

Receipt #: 007816452 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3845395924 \$20.00

Regarding: Precision Anesthesia Billing, LLC
Filing Type: Limited Liability Company - Domestic Control #: 1353010
Formation/Qualification Date: 09/20/2022 Date Formed: 09/20/2022
Status: Active Formation Locale: TENNESSEE
Duration Term: Perpetual Inactive Date:
Business County: DAVIDSON COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Precision Anesthesia Billing, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 058936933