

F13000002489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

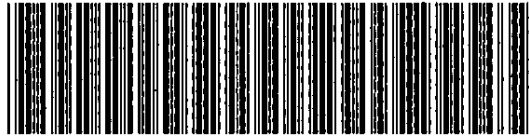
(Document Number)

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05/20/13--01026--012 **78.75

WB-29662

WB-32188

FILED
13 JUN 10 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FL

T. Burch JUN 11 2013

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Pacific Oaks Medical Group 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," or "Certificate of Good Standing" 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:

Mark K. Rask

Name of Person

Pacific Oaks Medical Group Inc.

Firm/Company

7855 Haskell Ave Suite 302

Address

Van Nuys, Ca. 91406

City/State and Zip code

mrask@cls-lab.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terry Williams

Name of Person

at (^{mark} 818) ⁸¹⁸ 994-9714

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

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

See ATTACHED letter



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2013

MARK K RASK
7855 HASKELL AVE STE 302
VAN NUYS, CA 91406

SUBJECT: PACIFIC OAKS MEDICAL GROUP INC.
Ref. Number: W13000029662

We have received your document for PACIFIC OAKS MEDICAL GROUP 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):

The form you submitted is for a Foreign Non-Profit Corporation, but your entity is a Foreign Profit Corporation. Please complete and return the enclosed blank form(s).

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) 245-6052.

Tim Burch
Regulatory Specialist II

Letter Number: 113A00012788



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 4, 2013

MARK K. RASK
7855 HASKELL AVE STE 302
VAN NUYS, CA 91406

SUBJECT: PACIFIC OAKS MEDICAL GROUP INC.
Ref. Number: W13000032188

We have received your document for PACIFIC OAKS MEDICAL GROUP 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):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$950.00.

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) 245-6052.

Tim Burch
Regulatory Specialist II

Letter Number: 413A00013905

Line 6 on the "Application By Foreign Corporation For Authorization To Transact Business In Florida"

An error was made on the "date first transacted business in Florida, if prior to registration".

Pacific Oaks Medical Group has not had any business transactions in the state of Florida.

I Mark K. Rask incorrectly entered the date of Nov. 2010. There have been NO transactions in the state of Florida for Pacific Oaks Medical Group Inc. prior to the filing of this applicaton.

Mark K. Rask

QA/QC Manager

Consolidated Laboratory Services

7855 Haskell Ave. Suite 302

Van Nuys, Ca. 91406

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

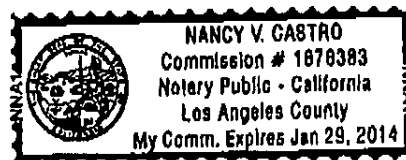
State of California

County of Los Angeles, ss

Subscribed and sworn to before me on this 6th day of June, 2013.

By: Mark Kenneth Rask who proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Public in and for said State.



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. Pacific Oaks Medical Group Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

P.O.M.G.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California 3. 95-3549759
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/30/1980 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Nov. 2010
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 150 N. Robertson Blvd. Suite 300 Beverly Hills Ca. 90211
(Principal office address)

7855 Haskell Ave. Suite 302 Van Nuys Ca. 91406
(Current mailing address)

8. Laboratory Services
(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 NOT acceptable)

Name: Registered Agents Inc.

Office Address: 3030 N. Rocky Point Dr. STE 150A

Tampa, Florida 33607
(City) (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.

[Handwritten signature]

Dan Keen-President

(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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Anthony Scarsella M.D.

Address: 150 N. Robertson Blvd. Suite 300
Beverly Hills, Ca. 90211

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE FLORIDA

B. OFFICERS

President: Anthony Scarsella M.D.

Address: 150 N. Robertson Blvd. Suite 300
Beverly Hills, Ca. 90211

Vice President: _____

Address: _____

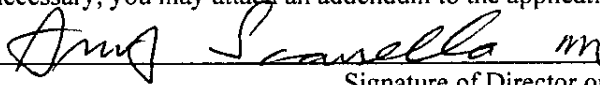
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. Anthony Scarsella M.D. Chairman and President
(Typed or printed name and capacity of person signing application)

**State of California
Secretary of State**

CERTIFICATE OF STATUS

ENTITY NAME:

PACIFIC OAKS MEDICAL GROUP, INC.

FILE NUMBER: C1030322
FORMATION DATE: 11/18/1980
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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SECRETARY OF STATE
FALLS CHURCH, VA

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 10, 2013.

Debra Bowen

DEBRA BOWEN
Secretary of State