

F13000004645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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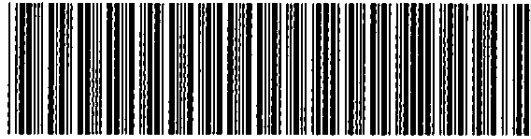
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MPD  
10/28/13



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 855413 7961791

AUTHORIZATION :

COST LIMIT : \$ 70

*Susie Knight*

ORDER DATE : October 22, 2013

ORDER TIME : 4:01 PM

ORDER NO. : 855413-005

CUSTOMER NO: 7961791

FOREIGN FILINGS

NAME: FAIR OAKS ANESTHESIA  
ASSOCIATES PC

XXXX QUALIFICATION (TYPE: PC)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: \_\_\_\_\_

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. FAIR OAKS ANESTHESIA ASSOCIATES, P.C. Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. VIRGINIA 3. 52-1188057  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 17, 1980 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. DEC 27, 2013  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3998 FAIR RIDGE DR SUITE 300 FAIRFAX, VA 22033  
(Principal office address)

3998 FAIR RIDGE DR SUITE 300 FAIRFAX, VA 22033  
(Current mailing address)

8. PROVIDE ANESTHESIA 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: CORPORATION SERVICE COMPANY

Office Address: 1201 HAYS STREET

TALLAHASSEE, Florida 32301  
(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.

Cornie Wood, Asst Secretary  
(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**

*\* SEE NEXT PAGE \**

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**TALLAHASSEE, FLORIDA**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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. \_\_\_\_\_

*Vincent J. Vilasi*

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. \_\_\_\_\_

*Vincent J. Vilasi*

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

Shareholders/Directors/Officers

- |    |                     |                |
|----|---------------------|----------------|
| 1  | Vincent Vilasi MD   | President      |
| 2  | Kamla Prasad MD     | Vice President |
| 3  | Julieta Virtudes MD | Treasurer      |
| 4  | Alan Shapiro MD     | Secretary      |
| 5  | Rosanna Hwu-Yun MD  | Officer        |
| 6  | John Hynes MD       | Officer        |
| 7  | Steven Karp MD      | Officer        |
| 8  | Rick Ramsey MD      | Officer        |
| 9  | William Tse MD      | Officer        |
| 10 | Jai Lee MD          | Officer        |
| 11 | Brent Lee MD        | Officer        |
| 12 | Mi Hwa Kang MD      | Officer        |

Address:

FOAA Anesthesia Services PC  
3998 Fair Ridge Drive  
Suite 300  
Fairfax, VA 22033

# Commonwealth of Virginia



## State Corporation Commission

### CERTIFICATE OF GOOD STANDING

*I Certify the Following from the Records of the Commission:*

That FAIR OAKS ANESTHESIA ASSOCIATES, P.C. is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is July 17, 1980;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:  
October 16, 2013*

*Joel H. Peck*

Joel H. Peck, Clerk of the Commission

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WILLIAMSSEE, FLORENCE