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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

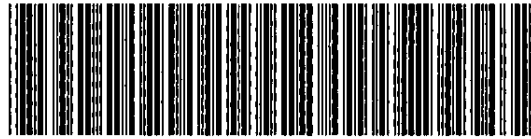
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Pulmonary, Critical Care, & Sleep Specialists of Long Beach, 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:

Amjad Munim, MD, PhD

Name of Person

Pulmonary and Critical Care Consultants

Firm/Company

1820 East Commercial Blvd.

Address

Fort Lauderdale, Florida 33308

City/State and Zip code

amjadmunim@bellsouth.net

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

For further information concerning this matter, please call:

Amjad Munim

Name of Person

at (954) 850-6404

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

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. Pulmonary, Critical Care, & Sleep Specialists of Long Beach, 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. California, USA

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. SEP 05 2013

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. No business transaction done yet

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

7. 23517 South Main Street, Suite 103, Carson, CA 90745

(Principal office address)

1820 East Commercial Blvd, Fort Lauderdale, FL 33308

(Current mailing address)

8. Business transactions

(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: Amjad Munim

Office Address: 1820 East Commercial Blvd

Fort Lauderdale

(City)

, Florida

33308

(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.

Amjad Munim, my

(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: Amjad Munim, MD, PhD
Address: 4901 NE18th Terrace, Fort Lauderdale,
Florida 33308

Vice Chairman: Same as above Amjad Munim, MD, PhD
Address: 4901 NE18th Terrace, Fort Lauderdale
FL. 33308.

Director: Same as above Amjad Munim, MD, PhD
Address: 4901 NE18th Terrace,
Fort Lauderdale, FL. 33308

Director: _____
Address: _____

B. OFFICERS

President: Amjad Munim, MD, PhD
Address: 4901 NE18th Terrace, Fort Lauderdale,
Florida 33308

Vice President: Same as above Amjad Munim, MD, PhD
Address: 4901 NE18th Terrace,
Fort Lauderdale, FL. 33308.

Secretary: Same as above
Address: Amjad Munim, MD, PhD

Treasurer: _____
Address: 4901 NE18th Terrace,
Fort Lauderdale, FL. 33308

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

13. Amjad Munim, MD, PhD
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. Amjad Munim, MD, PhD- President
(Typed or printed name and capacity of person signing application)

**State of California
Secretary of State**

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DIVISION OF CORPORATION

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CERTIFICATE OF STATUS

ENTITY NAME:

PULMONARY, CRITICAL CARE, & SLEEP SPECIALISTS OF LONG BEACH, INC.

FILE NUMBER: C3591594
FORMATION DATE: 07/26/2013
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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 December 10, 2013.

DEBRA BOWEN
Secretary of State