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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

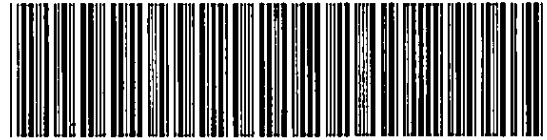
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S. FRANKLIN  
MAY 26 2022

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BLACK LIGHT SURGICAL 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:

Corina Spiridon

	Name of Person	
Black Light Surgical Inc		
	Firm/Company	
323 Sunny Isles Blvd 7th Floor, Unit 723		
	Address	
Sunny Isles Beach, FL 33160-4232		
	City/State and Zip code	
corina@clear-centers.com		
	E-mail address: (to be used for future annual report notification)	

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For further information concerning this matter, please call:

Corina Spiridon at ( 310 ) 701-2984  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

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

- \$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. Black Light Surgical 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. CA 3. 47-4305330
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/17/2015 5.
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 323 Sunny Isles Blvd 7th Floor, Unit 723 Sunny Isles Beach, FL 33160-4232
(Principal office street address)

(Current mailing address, if different)

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

Name: Jack Kavanaugh

Office Address: 18501 Collins Ave Unit 4703

Sunny Isles Beach, Florida 33160
(City) (Zip code)

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9. 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 of Jack Kavanaugh]
Registered agent's signature)

10. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: Jack Kavanaugh  
 Vice Chairman Address: 323 Sunny Isles Blvd 7th Floor  
 Director Unit: 723  
 President Sunny Isles Beach, FL 33160-4232  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other Co-Chairman  Other \_\_\_\_\_

Chairman Name: Dr. Keith Black  
 Vice Chairman Address: 323 Sunny Isles Blvd 7th Floor  
 Director Unit: 723  
 President Sunny Isles Beach, FL 33160-4232  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other Co-Chairman  Other \_\_\_\_\_

Chairman Name: Robert Snukal  
 Vice Chairman Address: 49584 Hidden Valley Trail  
 Director India Wells, CA 92210  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

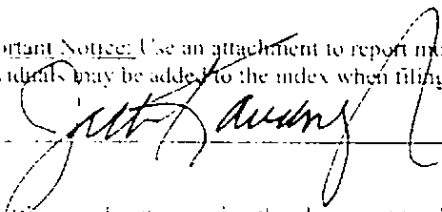
Chairman Name: Verne Sharma  
 Vice Chairman Address: 323 Sunny Isles Blvd 7th Floor  
 Director Unit 723  
 President Sunny Isles Beach, FL 33160-4232  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

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**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.

12.  Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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 § 817.155, F.S.

13. JACK KAVANAUGH CO-CHAIRMAN  
 (Typed or printed name and capacity of person signing application)

State of California  
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

BLACK LIGHT SURGICAL, INC.

FILE NUMBER: C3834097  
REGISTRATION DATE: 10/13/2015  
TYPE: FOREIGN CORPORATION  
JURISDICTION: DELAWARE  
STATUS: ACTIVE (GOOD STANDING)

I, SHIRLEY N. WEBER, PH.D. Secretary of State of the State of California hereby certify:

The entity is qualified to transact intrastate business in California.

This certificate relates to the status of the entity on the Secretary of State's records and does not reflect documents that are pending review or other events that may affect status.

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

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SHIRLEY N. WEBER, PH.D.  
SECRETARY OF STATE  
FALL AHASSIST, F.D. 900A



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 25, 2022.

Shirley N. Weber, Ph.D.  
Secretary of State