

L05000101544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

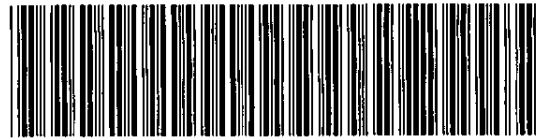
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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15 JAN 28 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

15 FEB -3 AM 11:42

DIVISION OF CORPORATIONS

FEB - 3 2015

T. HAMPTON



February 3, 2015

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 9421000 SO
 Customer Reference 1: None Given
 Customer Reference 2: None Given

Dear Department of State, Florida :

Please obtain the following:

SURGERY CENTER AT UNIVERSITY PARK, LLC (FL)
Misc - Domestic LLC Filing - Statement of Authority - #1
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: **SURGERY CENTER AT UNIVERSITY PARK, LLC**

SECOND: The Florida Document Number of the limited liability company is: **L05000101544**

THIRD: The street address of the limited liability company's principal office is:

**983 South Beneva Road
Sarasota, Florida 34242**

The mailing address of the limited liability company's principal office is:

**983 South Beneva Road
Sarasota, Florida 34242**

FOURTH: This statement of authority sets limitations of authority on the persons or entities set forth below:

The following managers, as that term is defined in section 605.0102, Florida Statutes, do not have authority to act on behalf of the limited liability company without the appropriate approvals of the Governance Board, as that term is defined in the limited liability company's Third Amended and Restated Operating Agreement, as the same may be amended or restated from time to time:

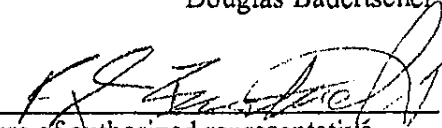
Kyle Burtnett

Robert Finnegan

Carl Harbin

Douglas Badertscher

Jonathan Adler


Signature of authorized representative

Kyle Burtnett
Typed or printed name of signature

**Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)**

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15 JAN 28 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA