

LO5000101544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

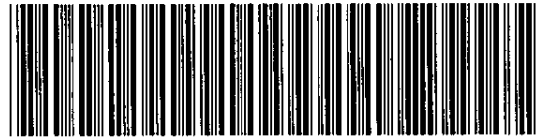
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/03/15--01016--017 **25.00

FILED
15 JAN 28 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
15 FEB -3 AM 11:41
DIVISION OF CORPORATIONS



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 - #2
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:

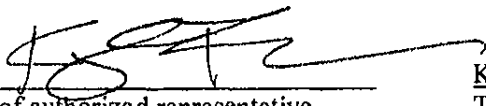
**983 South Beneva Road
Sarasota, Florida 34242**

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:

National Surgery Center Holdings, Inc., in its capacity as a member of the limited liability company, does not have any authority as a manager, as that term is defined in section 605.0102, Florida Statutes, regardless of whether it uses the title "managing member."



Signature of authorized representative

Kyle Burnett

Typed or printed name of signature

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA