

**CORPORATE  
ACCESS,  
INC.**

**11000000000272**

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

**WALK IN**

**PICK UP**

2/11/00



CERTIFIED COPY \_\_\_\_\_

CUS \_\_\_\_\_

PHOTO COPY \_\_\_\_\_

FILING LLC/Ovals

1.) The Orlando Endoscopy ASC, LLC  
(CORPORATE NAME & DOCUMENT #)

2.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

400003132344--3  
-02/11/00--01047--010  
\*\*\*\*125.00 \*\*\*\*125.00

3.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

4.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

5.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

RECEIVED  
00 FEB 11 AM 10:23  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

SPECIAL INSTRUCTIONS \_\_\_\_\_

*"When you need ACCESS to the world"*  
**CALL THE FILING AND RETRIEVAL AGENCY DEDICATED TO SERVING YOU!**

*Handwritten initials/signature*

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

- 1. The Orlando Endoscopy ASC, LLC  
(Name of foreign limited liability company)
- 2. Tennessee  
(Jurisdiction under the law of which foreign limited liability company is organized)
- 3. 62-1806247  
(FEI number, if applicable)
- 4. October 5, 1999  
(Date of Organization)
- 5. Petpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
- 6. 2-10-01  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
- 7. 20 Burton Hills Boulevard, Nashville, Tennessee 37216

(Street address of principal office)

8. If limited liability company is a manager-managed company, check here

9. The usual business addresses of the managing members or managers are as follows:

See Attached

00 FEB 11 11:32  
SECRETARY OF STATE  
FLORIDA  
ADVISOR

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: \_\_\_\_\_

own + operate ambulatory surgery center(s)

Claire M. Gulmi  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Claire M. Gulmi  
Typed or printed name of signee

**The Orlando Endoscopy ASC, LLC**

Member Name and Address

Membership Percentage

AmSurg Holdings, Inc.  
Suite 350  
One Burton Hills Boulevard  
Nashville, TN 37215  
FEIN: 62-1595888

51%

Central Florida Endoscopy Associates, Inc.  
2501 North Orange Avenue, Suite 200  
Orlando, Florida 32804

49%

100%

00 FEB 11 07:11:22  
SECRET  
MILITARY & AERIAL PHOTOGRAPHY  
INFORMATION CENTER

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

The Orlando Endoscopy ASC, LLC

2. The name and the Florida street address of the registered agent and office are:

C T Corporation System

(Name)

c/o C T Corporation System, 1200 South Pine Island Road

Florida street address (P.O. Box NOT ACCEPTABLE)

Plantation

FL 33324

City/State/Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

C T Corporation System

*Connie Bryan*

(Signature)

**CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY**

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

00 FEB 11 12:11:32  
STATE OF FLORIDA  
SECRETARY OF STATE

APPROVED  
FEB 10 2000

Secretary of State  
Corporations Section

James K. Polk Building, Suite 1800  
Nashville, Tennessee 37243-0306

ISSUANCE DATE: 02/09/2000  
REQUEST NUMBER: 00040148  
TELEPHONE CONTACT: (615) 741-6488  
CHARTER/QUALIFICATION DATE: 10/05/1999  
STATUS: ACTIVE  
CORPORATE EXPIRATION DATE: PERPETUAL  
CONTROL NUMBER: 0378010  
JURISDICTION: TENNESSEE

TO:  
CAPITAL FILING SERVICE, INC.  
7051 HIGHWAY 70 SO.  
NO. 333  
NASHVILLE, TN 37221

REQUESTED BY:  
CAPITAL FILING SERVICE, INC.  
7051 HIGHWAY 70 SO.  
NO. 333  
NASHVILLE, TN 37221

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"THE ORLANDO ENDOSCOPY ASC, LLC"

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF FORMATION AND DURATION AS GIVEN ABOVE;  
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID;  
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND  
THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

00 FEB 11 2000 11:33  
SECRETARY OF STATE  
FALL AHEAD SECRETORINA

FOR: REQUEST FOR CERTIFICATE

ON DATE: 02/09/00

FROM:  
CAPITAL FILING SERVICE, INC.  
PMB 333  
7051 HWY 70 SOUTH  
NASHVILLE, TN 37221-0000

RECEIVED: FEES \$380.00 \$0.00  
TOTAL PAYMENT RECEIVED: \$380.00  
RECEIPT NUMBER: 00002616763  
ACCOUNT NUMBER: 00101230



*Riley C Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE