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DEC 16 2010

**EXAMINER**



800188480878

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

10 DEC 16 AM 11:28

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**DATE:** 12-16-2010

**NAME:** ASCENT SURGICAL PARTNERS, LLC

**TYPE OF FILING:** AMENDMENT

**COST:** \$60

**RETURN:** CERTIFICATE OF STATUS & CERTIFIED COPY

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE



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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ambulatory Care Centers of America, LLC  
(Name of Foreign Limited Liability Company)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 DEC 16 PM 2:59

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tracy Powell, Esq.  
(Name of Person)

Sherrard & Roe, PLC  
(Firm/Company)

424 Church Street, Suite 2000  
(Address)

Nashville TN 37219  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Rainis, MBA at ( 866- ) 475-4100  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

- \$25 Filing Fee       \$30 Filing Fee & Certificate of Status       \$55 Filing Fee & Certified Copy       \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
10 DEC 15 PM 2:59

**SECTION I (1-3 must be completed)**

1. Name of limited liability company as it appears on the records of the Florida Department of State: Ambulatory Care Centers of America, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 08/15/2004


**SECTION II (4-7 complete only the applicable changes)**

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? October 1, 2010
5. New name of the limited liability company: Ascent Surgical Partners, LLC  
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C.," or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:  
N/A
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  
N/A
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: N/A

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of a member or the authorized representative of a member

H. Thomas Scott  
Typed or printed name of signee

Filing Fee: \$25.00

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "AMBULATORY CARE CENTERS OF AMERICA, LLC", FILED A CERTIFICATE OF MERGER, CHANGING ITS NAME TO "ASCENT SURGICAL PARTNERS, LLC", THE FIRST DAY OF OCTOBER, A.D. 2010, AT 1:14 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMBULATORY CARE CENTERS OF AMERICA, LLC" WAS FORMED ON THE FIFTEENTH DAY OF JUNE, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

3056887 8320

101196004



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 8432575

DATE: 12-16-10