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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

Handwritten signature



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 798700 4306193

AUTHORIZATION : *Patricia Pijoto*
COST LIMIT : \$ 125.00

FILED
04 JUL 12 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : July 9, 2004

ORDER TIME : 8:52 AM

ORDER NO. : 798700-005

CUSTOMER NO: 4306193

CUSTOMER: Ms. Diane Kubel
Katten Muchin Zavis Rosenman
Suite 1600
525 West Monroe Street
Chicago, IL 60661-3693

FOREIGN FILINGS

NAME: NOVAMED SURGERY CENTER OF FORT
LAUDERDALE, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman -- EXT# 2908

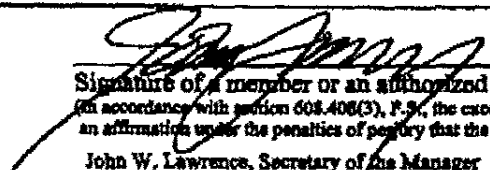
EXAMINER: _____

04 JUL 12 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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

**IN COMPLIANCE WITH SECTION 608.508, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:**

1. NovoMed Surgery Center of Fort Lauderdale, LLC
(Name of foreign limited liability company)
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. applied for 20-1344254
(FBI number, if applicable)
4. July 9, 2004
(Date of Organization)
5. perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. upon qualification
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 617.155, F.S.))
7. 2540 N.E. Ninth Street
Fort Lauderdale, FL 33304
(Street address of principal office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
NovoMed Acquisition Company, Inc.
980 North Michigan Avenue
Suite 1620
Chicago, IL 60611
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: outpatient surgery center



Signature of a member or an authorized representative of a member.
(In accordance with section 608.406(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
John W. Lawrence, Secretary of the Manager

Typed or printed name of signee

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:

Novamed Surgery Center of Fort Lauderdale, LLC

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

Corporation Service Company

(Name)

1201 Hays Street

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

Tallahassee

FL

32301

(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.

Anthony E. Mackay, Esq. JP, CSC
(Signature)

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

Delaware

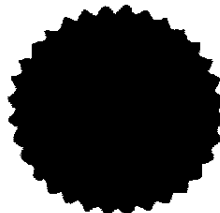
PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NOVAMED SURGERY CENTER OF FORT LAUDERDALE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF JULY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NOVAMED SURGERY CENTER OF FORT LAUDERDALE, LLC" WAS FORMED ON THE NINTH DAY OF JULY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 3223204

3826751 8300

040504982

DATE: 07-09-04