


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 12 PM 12:29

LIMITED LIABILITY COMPANY REINSTATEMENT



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # M04000002720

1. Limited Liability Company's Name
NovaMed Surgery Center of Fort Lauderdale, LLC

2. Principal Office Address 2540 NE 9th Street Suite, Apt. #, etc. City & State Fort Lauderdale, Florida Zip 33304		Country USA		3. Mailing Office Address 980 North Michigan Avenue Suite, Apt. #, etc. Suite 1620 City & State Chicago, Illinois Zip 60611		Country USA	
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CR2E041 (8/05)

4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida 7/12/2004	
6. FEI Number 20-1344254	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *Shrey A. Sethi* Date 10-11-06

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	NovaMed Acquisition Company, Inc.	980 N. Michigan Avenue, Suite 1620	Chicago, IL 60611
REINSTATEMENT			
900080763349			
9/10/12			

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager *John W. Lawrence, Jr.* Date 10/11/06 Daytime Phone # 312-664-4100

Typed or printed name of signing Managing Member/Manager John W. Lawrence, Jr., SVP of Manager



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 518688 7393971

AUTHORIZATION :

Sandra Cleman

COST LIMIT : \$ 205.00

ORDER DATE : October 11, 2006

ORDER TIME : 4:51 PM

ORDER NO. : 518688-005

CUSTOMER NO: 7393971

REINSTATEMENT

NAME: NOVAMED SURGERY CENTER OF
FORT LAUDERDALE, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____

RECEIVED
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 2006 OCT 12 AM 8:46
 TO AVOID DELAY
 SUFFICIENCY OF FILING