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FOREIGN LIMITED LIABILITY COMPANY

The Orlando FL Endoscopy ASC, LLC

Certificate of Status	0
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Page Count	04
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6/9/2005

JUN-09-2005 11:45

C T Atlanta team 3

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. The Orlando FL Endoscopy ASC, LLC (Name of foreign limited liability company) 2. Tennessee (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 4. 1/7/00 5 PERPETUAL (Date of Organization) (Duration: Year limited liability company will coase to exist or "perpetual") 6. UPON REGISTRATION WITH FLORIDA (Date first transacted business in Florida. (See sections 608,501, 608,502, and 817,155, F.S.) 7 20 Burton Hills Bivd., 5th Floor Nashville, TN 37215 (Street address of principal office) (Managed by a Board of 8. If limited liability company is a manager-managed company, check here Governors pursuant to TN (20) 9. The name and usual business addresses of the managing members or managers are as follows: AmSurg Holdings, Inc. (Member), 20 Burton Hills Blvd., 5th Floor, Nashville, TN 37215 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 and operate ambulatory surgery center Signature of a member or an authorized representative of a member. (In accordance with section \$02.408(3), P.S., the execution of this document constitutes an affirmation under the penalties of perfury that the facts stated herein are true.)

Claire M. Guimi, Vice President, Secretary and Treasurer of AmSurg Holdings, Inc. (Member)

Typed or printed name of signee

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JUN-09-2005 11:45 C T Atlanta team 3

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	of the Limited Lia	bility Comp	any is:			
The Orlando F	L Endoscopy ASC,	LEC				
2. The name s	and the Florida str	cet address (of the registered agent	and office are:		
	CT Corporation	System				
			(Name)			
	1200 South Pine	istend Road	1			
	Flo	rida street add	ress (P.O. Box NOT ACCE	PTABLE)		
	Pientation		FL.	33324		
		(0	Sity/State/Zip)	33324		
liability compa registered ages statutes relatin	my at the place de nt and agree to ac g to the proper an gations of my posi	signated in to t in this capa d complete p	to occept service of prohis certificate, I hereby ncity. I further agree to verformance of my duti stered agent as provide	v accept the appointme o comply with the provies, and I am familiar v ed for in Chapter 608, .	ent as visions of all with and F.S.	
	(Signature)	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00		istered Agent tional)	05 JUN -9 AM 9: 42 SECRETARIE STATE ALLAHASSEE, FLORIDA	FILED

06/09/2005 15:00 18502229428

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Secretary of State Division of Business Services 312 Eighth Avenue North 6th Floor, William R. Snodgrass Tower Nashville, Tennessee 37243

REQUEST NUMBER: 05158139 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 01/07/2000

US: ACTIVE DRATE EXPIRATION DATE: PERPETUAL

HIGHWAY 100 ÑÁŚĤVILLE, TN 37221 REQUESTED BY: HIGHWAY 100 ĤVILLE. TN 37221

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "THE ORLANDO FL ENDOSCOPY ASC, LLC"

COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF TION AS GIVEN ABOVE;
LES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
LINITED LIABILITY COMPANY HAVE BEEN PAID.
LINITED LIABILITY ANNUAL REPORT REQUIRED HAS BEEN FILED;
LISSOLUTION HAVE NOT BEEN FILED: AND
ERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

FOR: REQUEST FOR CERTIFICATE

ON DATE: 08/07/05

RECEIVED:

\$0.00

TOTAL PAYMENT RECEIVED:

\$160.00

RECEIPT NUMBER: 00003755390 ACCOUNT NUMBER: 00101230

HIGHWAY 100

NASHVILLE, TN 37221-0000

RILEY C. DARNELL SECRETARY OF STATE