Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000195283 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Pax Number

: (850)205-0383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (850)222-1092 : (850)878-5926 Pax Number

FOREIGN LIMITED LIABILITY COMPANY The Cape Coral FL Endoscopy ACS, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$125.00 |

Campartin Filipa

PUNIS AGGGG HAIG

Electropic Filing Mapu

8528785926

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FORESCIN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. The Cape Corel FL Endoscopy ASC, LLC (Name of foreign limited liability company) 3. 20-3277058 2, Tonnessee (Jurisdiction under the law of which foreign limited liability sompany is organized) (FEI number, if applicable) 5. PERPETUAL 4. 8/3/05 (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) 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 Nashvilla, TN 37215 (Street address of principal office) Ü٦ (Managed by a Board of 8. If limited liability company is a manager-managed company, check here Governors pursuant to TN The name and usual business addresses of the managing members or managers are as follows: Ç AmSurg Holdings, Inc. (Member), 20 Burton Hills Blvd., 5th Floor, Nashville, TN 37215 ä mm 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 608.408(9), F.S., the execution of this document constitutes an affirmation under the penalties of perjury 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

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 of 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.

| | of the Limited Liabilit al FL Endoscopy ASC, I | - | eany is: | | | _ |
|--|---|-----------------------------------|---|--|--|----------|
| 2. The name a | and the Florida street a | ddress | of the registered agent | t and office are: | | |
| | CT Corporation Syste | F) | | | | |
| | | | (Name) | | AL SE | S . |
| | 1200 South Pine Isla | nd Road | 1 | | LAH. | 05 AUG |
| | Florida | treet add | ress (P.O. Box <u>NOT</u> ACC | eptable) | A.S. | <u>5</u> |
| | Plantation | | FL | 33324 | rica Pica | <u> </u> |
| | | ((| ity/State/Zip) | | | ထံ |
| liability compa registered ages statutes relatin | amed as registered ago iny at the place design int and agree to act in t ing to the proper and co gations of my position (Situating) | ited in i his cape mplete j | this certificate, I hereb acity. I further agree to performance of my dut | y accept the appoints o comply with the pr ties, and I am familio ed for in Chapter 60k | ment as covisions of a or with and | t |
| | l s | 100.00 | Filing Fee for App | | | |
| | S S | 25.00 30.00 | Designation of Reg Certified Copy (op | | | |

\$ 5.00 Certificate of Status (optional)

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

TO: CFS 8161 HWY 100 NASHVILLE, TN 37221 ISSUANCE DATE: 08/12/2005 REQUEST NUMBER: 05224528 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 08/03/2005 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL

JURISDICTION: TENNESSEE

REQUESTED BY: \$161 HWY 100 NASHVILLE, TN 37221

CERTIFICATE OF EXISTENCE

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

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.

FOR: REQUEST FOR CERTIFICATE

ON DATE: 08/12/05

FROM: CFS 8161 HIGHWAY 100 8172 VASHVILLE, TN 37221-0000 RECEIVED: \$200.00 \$0. TOTAL PAYMENT RECEIVED: \$200.

RECEIPT NUMBER: 00003787154

RILEY C. DARNELL SECRETARY OF STATE

SS-4458