Florida Department of State

Division of Corporations Public Access System

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E FLORI	DA/FOREIGN LIMITED LIABILITY CO. SMBIMS TAMPA, LLC				
	Certificate of Status	0			
9 2 3	Certified Copy	0			
HE STA	Page Count	03			
3 5	Estimated Charge	\$125.00			

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Help

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 LIBERTY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	SMBIMS TAMPA, LLC				
	(Name of Foreign Limited)	Lia	bility Compar	ıy)	
2	Tennessee	4	not applicable	•	
	(Jurisdiction under the law of which foreign limited liability company is organized)	.,		(FEI number, if applicable)	
4.	5/2/06 (Date of Organization)	5.		fear limited liability company will cease to	
	(Daw or Digamentory)		exist or "per		
6.	Upon filing of this application			-100	9
	(Date first transacted business in FI (See sections 608,501 & 608,502 F.S	ori . to	da, if prior to a determine pe	relity liability)	06 HAY
7.	40 Burton Hills Boulevard, Snite 500			1 =====================================	<u>-</u>
	Nashville, TN 37215			ARY	
	(Street Address	ΟÍ	Principal Offi	de)	至
8.	If limited liability company is a manager-managed	l co	ompany, che	ck here SA	AM 10: 30
9.	The name and usual business addresses of the man	ag	ing member	s or managers are as follows:	ö
	Sole member: SymbionARC Management Services, Inc., 4	rn T	Dustos Willo D	Ini Suite 500 Marketija TN 27215	
	Bote member. Symbolicative transgenient detakes, me.,	·u i	O EIRH IXNIIIO	ye., some 500, Mashvine, TN 57215	
			·		
		-			
10.	Attached is an original certificate of existence, no more t	tha	a 90 days old	duly authenticated by the official having	
CU	stody of records in the jurisdiction under the law of which	it	is organized.	(A photocopy is not acceptable. If the certific	cate
is i	in a foreign language, a translation of the certificate	u	nder oath of	the translator must be submitted.)	
11	. Nature of business or purposes to be conducted or		romotad in I	Zlavido, healthrate management	
LI	. Trainie de pusiness of purposes to de contoucted de	· P	TOTHOREG III I	TOTICIA:	
	Thuneth C	1	nakel		
	Signature of a member or an au				
	(In accordance with medion 608.408(3), F on affirmation under the penalties of perio				
	Kenneth C. Mitchell, Vice President o	•		•	

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:	
8MBIMS Tampa, LLC	
2. The name and the Florida street address of the registered agent and office are:	
CT Corporation System	TS: 93
(Name)	ECRE T
1200 South Pine Island Road	窓ニド
Florida Street Address (P.O. Box NOT ACCEPTABLE)	SEE, SEE
Plantation, Florida 33324	世当
City/State/Zip	98 38 88 4 38
Having been named as registered agent and to accept service of process for the above stated limit liability company at the place designated in this certificate, I hereby accept the appointment as reagent and agree to act in this capacity. I further agree to comply with the provisions of all statute relating to the proper and complete performance of my duties, and I am familiar with and accept obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.	gistered es
By! MOYYR ADAMS (Signature) ASSISTANT SECRETARY	

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

\$ 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

CHARTER/QUALIFICATION DATE: 05/02/2008 STATUS: ACTIVE ORPORATE EXPIRATION DATE: PERPETUAL TOWITOL NUMBER: 0519488 JURISPICTION: TENNESSEE

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "SMBINS TAMPA, LLC"

COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF ON AS GIVEN ABOVE!
AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE ITED LIABILITY COMPANY HAVE BEEN PAID:
SOLUTION HAVE NOT BEEN FILED; AND MINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

FOR: REQUEST FOR CERTIFICATE

TN 37219-8966

DORTCH & DAVIS (511 UNION

ON DATE: 05/09/06

RECEIVED:

\$0.00

TOTAL PAYMENT RECEIVED:

RECEIPT NUMBER: 00003946097 ACCOUNT NUMBER: 00000832



RILEY C. DARNELL SECRETARY OF STATE

88-4458