### **CORPORATE**

ACCESS,

1116-D Thomasville Road . Mount Vernon Square . Tallahassee, Florida 32303

INC.

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

PICK UP 11 108.11:07 CERTIFIED COPY (CORPORATE NAME & DOCUMENT #) 500002709805 \*\*\*\*285.00 (CORPORATE NAME & DOCUMENT #) (CORPORATE NAME & DOCUMENT #) (CORPORATE NAME & DOCUMENT #) Name Availability Document (CORPORATE NAME & DOCUMENT #) Examiner Updater (CORPORATE NAME & DOCUMENT #) Verifyer Acknowledgeme SPECIAL INSTRUCTIONS

W. P. Verityer

## 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 FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	n the name at present			Being Pr	oooccod.			
Ten Jurisdiction u ompany is or	messee nder the law of which ganized)	foreign limit	3	(FEI nu	mber, if applicab	le)		ı
Dec	ember 9, (Date of Organization		5	Perpetua (Duration: Year limi exist or "perpetual")	l ted liability comp	oany will cease	to ·	i week
Dec	ember 🤦 , l	1998 ed business in	Florida. (See sec	tions 608.501, 608.5	02, and 817.155,	F.S.)		:
One	Burton Hill:	s Blvd.,	Suite 350				<del></del>	şr .±.
No	shville, TN 3	7215						
Nas	silville, in J	(5	street address of p	rincipal office)				
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ill manage	the foreign limits AME & ADDRE	ed liability o	company in Flo	orida: (attach addi	monai page ii i	necessary)	98 DEC 11 741(1):	BIVISION OF CONFORM
ill manage	the foreign limits AME & ADDRE	ed liability o	company in Flo	orida: (attach addi	monai page ii i	necessary)	98 DEC 11 MIN: 13	SECLED-HALE I STATE BIVISION OF COLFORATIONS
ill manage	the foreign limits AME & ADDRE	ed liability o	company in Flo	orida: (attach addi	monai page ii i	necessary)	98 DEC 11 7/11:13	BIVISION OF CONFORMING

language, a translation of the certificate under cath of the translator must be submitted.)

Member Name and Address	Initial Capital Contribution	-	. <u>Me</u>	mbership Percentage	
AmSurg Holdings, Inc. Suite 350 One Burton Hills Boulevard	\$2,290,600.00			51%	
Nashville, TN 37215 FEIN: 62-1595888					
D.H.G., Inc. 950 NW 13th Street Boca Raton, FL 33486	2,200,772.50			49	
	<del></del>		-		
TOTAL	\$4,491,372.50			100%	

Secretary of State
Corporations Section
James K. Polk Building, Suite 1800
Nashville, Tennessee 37243-0306

ISSUANCE DATE: 12/09/1998 REQUEST NUMBER: 98343050 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 12/09/1998 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0361782 JURISDICTION: TENNESSEE

TO: CAPITAL FILING SERVICE, INC 7051 HIGHWAY 70 S NO 333 NASHVILLE, TN 37221 REQUESTED BY: CAPITAL FILING SERVICE, INC 7051 HIGHWAY 70 S NO 333 NASHVILLE, TN 37221

### CERTIFICATE OF EXISTENCE

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

"THE BOCA RATON OPHTHALMOLOGY ASC, LLC"

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:

FROM:

RECEIVED:

FEES \$0.00

\$0.00

TOTAL PAYMENT RECEIVED:

\$0.00

RECEIPT NUMBER: ACCOUNT NUMBER:



RILEY C. DARNELL
\_SECRETARY OF STATE

# 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:
The Boca Raton Ophthalmology ASC, LLC
2. The name and the Florida street address of the registered agent and office are:
C T Corporation System (Name)
1200 South pine Island Road Florida street address (P.O. Box NOT ACCEPTABLE)
Plantation FL 33324 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 al 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.
ONNIE BRYAN TOTAL ASSISTANT SECRETARY

Filing Fee: \$ 35 for Designation of Registered Agent

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of The Boca Ra	aton
Ophthalmology ASC, LLC certifies:	
1) the above named limited liability company has at least one member;	
2) the total amount of cash contributed by the member(s) is	\$ <u>4,491,372.5</u> 9
3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.)	\$;
4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.)	\$ <u>4,491,372.5</u> .0
Claustr. Gre	hóu
Signature of a member or an authorized representative of a mem (in accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	per.
Claire M. Gulmi, Secretary	<u> </u>
Typed or printed name of signee	

Filing Fee: \$250.00 for Application and Affidavit