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Division of Corporations

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FOREIGN LIMITED LIABILITY COMPANY

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CORAL SPRINGS AMBULATORY SURGERY CENTER, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF
FLORIDA:**

1. CORAL SPRINGS AMBULATORY SURGERY CENTER, LLC
(Name of foreign limited liability company must end with the words "limited company" or their abbreviation "L.C." if not so contained in the name at present.)
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 65-0878976
(FEI number, if applicable)
4. November 24, 1998
(Date of Organization)
5. perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Intend to commence transacting business on February 22, 1999
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.133, F.S.))
7. 1725 University Drive, Second Floor, Coral Springs, FL 33071
(Street address of principal office)
8. List name, title, and business address of each managing member (MGRM) or manager (MGR) who will manage the foreign limited liability company in Florida: (attach additional page if necessary)

NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
<u>Linda Green, M.D.</u> <u>1725 North University Drive</u> <u>Coral Springs, FL 33071</u>	<u>MGRM</u>	<u>Jon N. Rosenthal, D.O.</u> <u>220 S.W. 84th Avenue, #101</u> <u>Plantation, FL 33324</u>	<u>MGRM</u>
<u>Curtis D. Johnson, D.O.</u> <u>220 S. W. 84th Avenue, #101</u> <u>Plantation, FL 33324</u>	<u>MGRM</u>		
<u>David Levans, M.D.</u> <u>985 University Drive</u> <u>Coral Springs, FL 33071</u>	<u>MGRM</u>		
<u>Mitchell Pollak, M.D.</u> <u>8100 Royal Palm Drive, #105</u> <u>Coral Springs, FL 33071</u>	<u>MGRM</u>		
<u>Bert Vorstman, M.D.</u> <u>1725 University Drive, #400</u> <u>Coral Springs, FL 33071</u>	<u>MGRM</u>		

Prepared by: Jennifer A. Vecchio
McDermott, Will & Emery
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305-358-3500

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AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of CORAL SPRINGS
AMBULATORY SURGERY CENTER, LLC deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is
- 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 amount of cash or property anticipated to be contributed by member(s) is
 This total includes amounts from 2 and 3 above.
- 5) the total amount of cash or property anticipated to be contributed by member(s) is

\$ 5,000.00.

\$ 0.

\$ 600,000.00

\$ 600,000.00

Curtis D. Johnson, D.O.

Signature of a member or authorized representative of a member.
 (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.)

Curtis D. Johnson, D.O.

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Filing Fee: \$250.00 for Application and Affidavit

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**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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

CORAL SPRINGS AMBULATORY SURGERY CENTER, LLC

2. The name and address of the registered agent and office are:

Curtis D. Johnson, D.O.
(Name)

220 S. W. 84th Avenue, #101
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Plantation, Fl 33324
(City/State/Zip)

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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 all 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.


(Signature)
Curtis D. Johnson, D.O.

1-25-99
(Date)

Filing Fee: \$ 35 for Designation of Registered Agent

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TOTAL P.05

State of Delaware
Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY 'CORAL SPRINGS AMBULATORY SURGERY CENTER, LLC' IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF NOVEMBER, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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Edward J. Freel

Edward J. Freel, Secretary of State

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AUTHENTICATION:

9424024

DATE:

11-24-98

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