CORPORATE

M99999901720

236 East 6th Avenue . Tallahassee, Florida 32303

ACCESS,

INC.

P.O. Box 37066 (32315-7066)

~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP 10/28/99 /1:00

CERTIFIED COPY	CUS	
РНОТО СОРУ	X FILING_	For. LLC.
1.) The Cape Coroll F. Myers Endoso (CORPORATE NAME & DOCUMENT #)	copy ASC, L	LC. 10030275637 -10/28/99-01009-016 ****175.00 ****125.00
2.) (CORPORATE NAME & DOCUMENT #)		
3.) (CORPORATE NAME & DOCUMENT #)	82	DIVISION CF 99 CCT 2
	MJH	9 (77) CORED
4.)(CORPORATE NAME & DOCUMENT #)		STATE SHATIOHS
(CORPORATE NAME & DOCUMENT #)	-	99 L
SPECIAL INSTRUCTIONS		200 N D
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FLORIDA DEPARTMENT OF STATE *Orrected 9/29

Katherine Harris Secretary of State

October 28, 1999

CORPORATE ACCESS

SUBJECT: THE CAPE CORAL/FT. MYERS ENDOSCOPY ASC, LLC

Ref. Number: W99000024882

We have received your document for THE CAPE CORAL/FT. MYERS ENDOSCOPY ASC, LLC and your check(s) totaling \$175.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Number 9 of the application must be completed, there was to attachment received.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges Document Specialist

Letter Number: 499A0005

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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 R LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	REGISTER A FOREIGN
1. The Cape_Coral/Ft. Myers Endoscopy ASC, LLC (Name of foreign limited liability company)	
(Name of foreign limited liability company)	
2. Tennessee 3. 62-1767599 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable company is organized))
4. January 27, 1999 (Date of Organization) (Duration: Year limited liability comparexist or "perpetual")	ny will cease to
6. <u>Notumber 1, 1999</u> (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)	3.)
7. 20 Burton Hills Boulevard	
Nashville, TN 37215	9
(Street address of principal office)	<u> </u>
8. If limited liability company is a manager-managed company, check here	ECRETARY SION OF CO
9. The usual business addresses of the managing members or managers are as follows:	OF STATE
See Attached	÷ č≜
	S
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official has the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fortranslation of the certificate under oath of the translator must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Florida:	wn and operate
ambulatory surgery centers	· · · · · · · · · · · · · · · · · · ·
Clam In. Jan	
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	± 75
Claire M. Gulmi, Secretary	
Typed or printed name of signee	

FL057 - 9/27/99 C T System Online

OCT. 28.1999 5:34PM BASS, BERRY & SIMS

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NO.508 P.2/2

Attachment to Application by Foreign Limited Liability Company for Authorizationto Transact Business in Florida

8.

Member Name and Address	Membership Percentage
AmSurg Holdings, Inc. 20 Burton Hills Boulevard Nashville, TN 37215	54%
GCEC Partners 665 Del Prado Boulevard Cape Coral, FL 33990	46%
TOTAL	100%

Managers:

Royce Harrell
Ken P. McDonald
Rodney Lunn
Cynthia Winker
Claire M. Gulmi
Chief Manager
Vice Manager
Vice Manager
Vice Manager
Secretary & Treasurer

Managers address of record is:

20 Burton Hills Blvd. Nashville, Tennessee 37215

2063381.1

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

ISSUANCE DATE: 10/21/1999 REQUEST NUMBER: 99293160A TELEPHONE CONTACT: (615) 741-6488

CHARTER/OUALIFICATION DATE: 01/27/1999 STATUS: ACTIVE 'CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0364813 JURISDICTION: TENNESSEE

TO: CAPITAL FILING SERVICE, INC. 7051 HIGHWAY 70 SO. NO. 333

NASHVILLE, IN 37221

REQUESTED BY:
CAPITAL FILING SERVICE, INC.
7051 HIGHWAY 70 SO.
NO. 333 == NASHVILLE, TN 37221

CERTIFICATE OF EXISTENCE

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

"THE CAPE CORAL/FT. MYERS ENDOSCOPY 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: 10/20/99

RECEIVED:

PEES \$220.00

\$0.00

CAPITAL FILING SERVICE, INC. 7051 HWY 70 S #333

TOTAL PAYMENT RECEIVED:

\$220.00

NASHVILLE. TN 37221-0000

RECEIPT NUMBER: 00002562677 ACCOUNT NUMBER: 00101230



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 Cape Coral/Ft. Myers Endoscopy ASC, LLC

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

C T Corporation System

(Name)

c/o C T Corporation System, 1200 South Pine Island Road

Florida street address (P.O. Box NOT ACCEPTABLE)

Plantation

FI. 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, Thereby 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 as provided for in Chapter 608, F.S.

C T Corporation System

(Signature)

CONNIE BRYAN SPECIAL 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)