Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)205-8842

Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company West Coast Surgicenter, LLC

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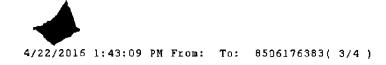
APR 2 5 2016

Electronic Filing Menu

Corporate Filing Menu Y SULKER Help

COVER LETTER

	istration Section sion of Corporations					
SUBJECT:		West Coast Surgio	center, LLC			
SUBJECT:		Name of L	Imited Liability (Company		
					nnsact Business in Florida," Cer y company to transact business l	
Please return	all correspondence conc	erning this matter to the f	following:			
	Ceci Estill					
		Na	me of Person			
	c/o Surgicare of We	est Coast, LLC				
	· · · · · · · · · · · · · · · · · · ·	Fir	m/Company			
	One Park Plaza - Le	egal Dept.				
			Address			
	Nashville, TN 3720	03				
		City/Str	ate and Zip Code			
•	shirley.scharf@heahe					
	E-	inail address: (to be used	for future annual	report not	ification)	
For further in	formation concerning thi	is matter, please call:				
Cec	i Estill		615 at (344-29	94	
	Name of Co	ontact Person	Area Code	Day	time Telephone Number	
Divi Reg P.O.	ILING ADDRESS: sion of Corporations stration Section Box 6327 shasseo, FL 32314			Division Registrat Clifton B 2661 Exe	r ADDRESS: of Corporations ion Section uliding cutive Center Circle ice, FL 32301	
		amount: \$130.00 Filing Fee & ertificate of Status	☐ \$155.00 Filin Certified Copy	ng Pee &	S160.00 Filing Fee, Certific of Status & Certified Copy	cate



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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	- II C	ra.			
1. West Coast Surgicente		ust inclu	de "Limited Liability Company," "L.L.C.," or	"LLC.")	
(**************************************	v.g =	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	co aming dated your party	,	
Liability Company," "L.L.C,	Iternate name adopted for the purpor	se of tra	nsecting business in Florida. The alternate nan	ne must includ	le "Limited
2. Delaware		3.	pending application		
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable)		
4	(Date first transacted busin	esa in F	lorida, if prior to registration.)	-	
. One Park Plaza	(See sections 605,0904 & 605	i.0905,	F.S. to determine penalty liability)		
5. Olis Faik Flaza				- .	
Nashville, TN 37203					
	(Street Address of	Princip	al Office)	-	
6. PO Box 750				-	
Nashville, TN 37202					
	(Mailing	Addres	s)	-	
7. Name and street addres	s of Plorida registered agent: (P	.O. Bo	x NOT acceptable)		
Name:	C T Corporation System				
Office Address:	1200 South Pine Island Road				
	Plantation		, Plorida 33324		
	(City)		(Zip code)	-	
designated in this applica to complywith the provisi	gistared agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent.	i <i>linent :</i> : propei	process for the above stated limited llabi as registered agent and agree to act in the r and complete performance of my duties on S. Giffin Asst. Secretary	is enpacity	I further úgree
	(Regis	tered ag	on S. Giffin Asst. Secretary cont's signature)	•	200
8. The name, title or caps	icity and address of the person(s) who t	as/have authority to manage is/are:		Air 10
Surgicare of West Coast,	LLC, manager, One Park Plaza,	Nashvi	ilo, TN 37203	<u> </u>	Co
					10
					
9. Attached is a certificate jurisdiction under the law of the translator must be so	of which it is organized. (If the c	ertifice ^	, duly authenticated by the official having te is in a foreign language, a translation of the control of the co	custody of ref	ecords in the ste under oath
This document is executed submitted in a document to	the Department of State constitu	utes a ti	i) (b), Florida Statutes. I am aware that am hird degree felony as provided for in a.817	/ false inform .155, F.S.	ation
	Natalie H. Cline, Authorized P.	erson			

Typed or printed name of signee



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "WEST COAST SURGICENTER, 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-SECOND DAY OF APRIL, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202196814

Date: 04-22-16

5965362 8300

SR# 20162496863

You may verify this certificate online at corp.delaware.gov/authver.shtml