

F02000001371

SYMBION
AMBULATORY RESOURCE CENTRES

13 March 2002

Florida Secretary of State
Registration Division
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

100005134651--7

-03/13/02--01047--041

1863.75 **78.75

*Re: Registration of Foreign Corporation, Foreign Limited Partnership and
Fictitious Name*

To Whom It May Concern:

Enclosed please find:

- (1) An Application for Authorization to Transact Business in Florida for SARC/Largo
Pain & G. I., Inc.
- (2) An Application by Foreign Limited Partnership for Authorization to Transact
Business in Florida for Largo Pain and Gastroenterology Surgery Center, L.P.
- (3) An Affidavit of Capital Contributions for a Foreign Limited Partnership.
- (4) Supplemental Affidavit of Capital Contributions for a Foreign Limited
Partnership.
- (5) An Application for Registration of a Fictitious Name
- (6) Two checks totaling \$1,913.75 for filing fees.

All copies, certifications and the like should be sent to:

Patrick R. Rooney
Symbion ARC
3401 West End Ave., Suite 120
Nashville, TN 37203

If I may be of any service to you, please call me at 615-234-7911.

Sincerely,


Patrick R. Rooney

Enclosure

FILED
02 MAR 15 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

F02-1371
QR

FF \$70.00
CC 8.25

3401 West End Avenue, Suite 120
Nashville, Tennessee 37203
Tel 615-234-7900 Fax 615-234-7999
An Affiliate of Symbion, Inc.

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SARC/Largo Pain & G.I., Inc.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Patrick R. Rooney

(Name of Person)

Symbion ARC

(Firm/Company)

3401 West End Ave., Suite 120

(Address)

Nashville, TN 37203

(City/State and Zip code)

For further information concerning this matter, please call:

Patrick R. Rooney

(Name of Person)

at (615) 234-7911

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☒ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAR 15 AM 9:28

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. SARC/Largo Pain & G.I., Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Tennessee 3. Applied for
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 03/01/2002 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 3401 West End Ave., Suite 120 Nashville, TN 37203
(Principal office address)
3401 West End Ave., Suite 120 Nashville, TN 37203
(Current mailing address)
8. Corporation will be the general partner of a limited partnership owning and operating an ambulatory surgery ce
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: NRAI Services, Inc.
Office Address: 526 E. Park Avenue
Tallahassee, Florida 32301
(City) (Zip code)
10. **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.
NRAI Services, Inc.
By: Robert Kueh Assistant Secretary
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: R. Dale Kennedy

Address: 3401 West End Ave., Suite 760, Nashville, TN 37203

Director: Clifford C. Adlerz

Address: 3401 West End Ave., Suite 760, Nashville, TN 37203

B. OFFICERS

President: Charles T. Neal

Address: 3401 West End Ave., Suite 120, Nashville, TN 37203

Vice President: Kenneth C. Mitchell

Address: 3401 West End Ave., Suite 760, Nashville, TN 37203

Secretary: Ronald L. Brank

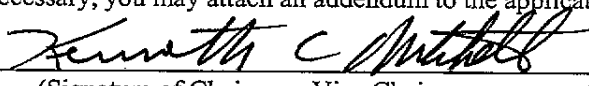
Address: 3401 West End Ave., Suite 120, Nashville, TN 37203

Treasurer: Chief Development Officer and Sr. Vice President: William V.B. Webb

Address: 3401 West End Ave., Suite 760, Nashville, TN 37203

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TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Kenneth C. Mitchell, Vice President
(Typed or printed name and capacity of person signing application)

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 03/01/2002
REQUEST NUMBER: 02060550
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 03/01/2002
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0422811
JURISDICTION: TENNESSEE

TO:
PATRICK A ROONEY
3401 WEST END AVE
SUITE 760
NASHVILLE, TN 37203

REQUESTED BY:
PATRICK A ROONEY
3401 WEST END AVE
SUITE 760
NASHVILLE, TN 37203

CERTIFICATE OF EXISTENCE

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

"SARC/LARGO PAIN & G.I., INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF
INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

ON DATE: 03/01/02

FROM:
GREGG A. STANLEY
2828 OLD HICKORY BLV
APT. 1806
NASHVILLE, TN 37221-0000

	RECEIVED:	FEES	
		\$240.00	\$0.00
	TOTAL PAYMENT RECEIVED:	\$240.00	

RECEIPT NUMBER: 00003021265
ACCOUNT NUMBER: 00388058



SS-4458

Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE