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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

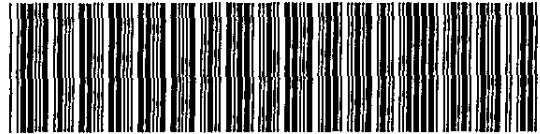
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

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2005 FEB -3 A 9:50

December 30, 2005

GREGORY R. CUNNIFF
191 N. WACKER DR., SUITE 925
CHICAGO, IL 60606

SUBJECT: NATIONAL SURGICAL CARE, INC.
Ref. Number: W05000057029

We have received your document for NATIONAL SURGICAL CARE, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$3,450.00.

Please return the original and one copy of 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) 245-6995.

Wanda Cunningham
Document Specialist
New Filing Section

Letter Number: 605A00074138

1/30/06

← Items requested are enclosed

Letitia

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06 FEB -3 PM 3:04
TALLAHASSEE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: National Surgical Care, 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:

Gregory R. Curitt
(Name of Person)
National Surgical Care Inc
(Firm/Company)
191 N. Wacker Drive, Suite 925
(Address)
Chicago IL 60606
(City/State and Zip code)

For further information concerning this matter, please call:

Letitia Bonthron at (312) 419-1033
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

**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. National Surgical Care, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 14-1839049

(FEI number, if applicable)

4. July 2002

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. November 1, 2003

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 191 N. Wacker Drive, Ste 925 Chicago IL 60606

(Principal office address)

191 N. Wacker Drive, Ste 925 Chicago IL 60606

(Current mailing address)

8. general partner of Florida partnership in the Surgery Center business
(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 NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, FL, Florida 33324

(City)

(Zip code)

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TALLAHASSEE, FLORIDA

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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.

Sarah B Ayala

Sarah B. Ayala
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.

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

A. DIRECTORS

Chairman: E Timothy Geary
Address: 191 N. Wacker Drive, Ste 925
Chicago IL 60606

Director: John K. Carlyle Address: Same
Director: Randall S. Fojtasek Address: Same

Director: Benjamin Edwards Address: Same
Director: Stephen P. Murray Address: Same

Director: Jeff Frontierhouse Address: Same

B. OFFICERS

President: E Timothy Geary
Address: 191 N. Wacker Drive, Ste 925
Chicago, IL 60606

Vice President: Richard A. Pence
Address: 191 N. Wacker Drive, Ste 925
Chicago IL 60606

Secretary: Richard A Pence
Address: 191 N. Wacker Drive, Ste 925 Chicago IL 60606

Treasurer: Gregory R. Cuniff
Address: 191 N. Wacker Drive Ste 925 Chicago IL 60606

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CALIFORNIA

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

13. Gregory R. Cuniff
(Signature of Director or Officer listed in number 12 of the application)

14. Gregory R. Cuniff
(Typed or printed name and capacity of person signing application)

Delaware

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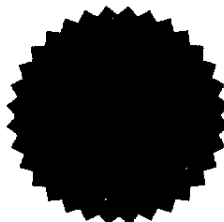
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NATIONAL SURGICAL CARE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF DECEMBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

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2006 FEB - 3 A 9:50
SECRETARY OF STATE
DELAWARE



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3544325 8300

AUTHENTICATION: 4381543

051032037

DATE: 12-16-05