F1700001601

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Ви	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500297553655

17 APR -7 AH 11: 13

17 3.5.1 Sil 34 Sep

APR 1 0 2017
Y SULKER

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 588618 7509084

AUTHORIZATION : Spulle man

COST LIMIT : \$ 78.75

ORDER DATE: April 7, 2017

ORDER TIME : 10:17 AM

ORDER NO. : 588618-005

CUSTOMER NO: 7509084

FOREIGN FILINGS

NAME: ENVISION HEALTHCARE CORPORATION

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

TO:	TO: Registration Section Division of Corporations					
SUBJ	Envision Hea	lthcare Corporation				
5020		Name of corpora	tion	- must include suffix		
Dear S	Sir or Madam:					
"Certif	ficate of Existence,"	by Foreign Corporation or "Certificate of Good or orporation to transact bu	Stan	ling" and check are sub		
	return all correspon Aarie R. Harris - Legal	dence concerning this ma	atter	to the following:		
		Name	of E	largan		
Envisio	on Healthcare Corpora		. 01 1	CISOR		
		Firm/C	Comp	pany		
c/o Leg	gal Dept., 6363 S. Fido	lers Green Circle, 14th Flo	or			
		A	ddre	38		
Greenv	wood Village, Colorad	o 80111				
Δ hhy/N	farie.Rohr@evhc.net	City/Sta	te an	d Zip code		
———	-	E-mail address: (to be us	ed fo	or future annual report i	notification)	
F. C		•		•	iotification)	
For fur	ther information cor	ncerning this matter, plea	ise ca	all:		
AbbyM	Iarie R. Harris	303 at (334-2515		
	Name of Person	Area (Daytime Telep	hone Number	
	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations v	
Enclos	ed is a check for the	following amount:				
☐ \$70	0.00 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.

(If name unavaila	ible in Florida, enter alternate corporate name add	opted for the purpose of transacting business in Florida)
Delaware		
(State or country		(FEI number, if applicable)
A		(Date of duration, if other than perpetual)
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 363 S. Fiddlers Green Circle, 14th Floor, Greenv	
	(Principal	office address)
-	(Current mailing a	address, if different)
. Name and stree	t address of Florida registered agent: (P.O. I	Box NOT acceptable)
	Corporation Service Company	
Name:		_
	1201 Hays Street	
	Tallahassee	— 32301 Florida
	Tallahassee	, Florida(Zip code)
Office Address: Registered age laving been namesignated in this wither agree to continue, and I am fouties, and I am fouties, and I am fouties, and I am fouties,	Tallahassee (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment	of process for the above stated corporation at the plac nt as registered agent and agree to act in this capacity ative to the proper and complete performance of my

10. 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.

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

A. DIRE	William A. Sanger
	c/o Legal Dept., 6363 S. Fiddlers Green Circle, 14th Floor, Greenwood Village, Colorado 80111
_	
Vice Chair	rman:
Address:	
_	
Director:	
Address:	
-	
Director:	
Address:	
B. OFFI	
President:	
Address: _	1A Burton Hills Boulevard, Nashville, Tennessee 37215
	D. L I. C
	Robert J. Coward dent:
Address:	1A Burton Hills Boulevard, Nashville, Tennessee 37215
	C'- A 300
	Craig A. Wilson
Address: _	c/o Legal Dept., 6363 S. Fiddlers Green Circle, 14th Floor, Greenwood Village, Colorado 80111 Kristy Rutherford
Treasurer:	1A Burton Hills Boulevard, Nashville, Tennessee 37215
Address: _	TA buildi filis bodievald, Nasilville, Telliessee 37213
	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12. 🔀	Signature of Director or Officer
	er or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein
	nd that he or she is aware that false information submitted in a document to the Department of State constitutes gree felony as provided for in s.817.155, F.S.
13. Craig	g A. Wilson, Senior Vice President, General Counsel and Secretary

Page 1

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "ENVISION HEALTHCARE CORPORATION" 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 SEVENTH DAY OF APRIL, A.D.

2017.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ENVISION HEALTHCARE CORPORATION" WAS INCORPORATED ON THE TENTH DAY OF JUNE, A.D. 2016.

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

Authentication: 202340157

Date: 04-07-17

6065421 8300 SR# 20172334574