

1201 HAYS STREET  
TALLAHASSEE, FL 32301

800-342-8086

F95000001686



ACCOUNT NO. : 072100000032

REFERENCE : 572471 5347A

AUTHORIZATION :

COST LIMIT : 9 PPD

W95-7360

ORDER DATE : April 5, 1995

ORDER TIME : 10:20 AM

ORDER NO. : 572471

CUSTOMER NO: 5347A

000001450290  
-04/07/95--01024--002  
\*\*\*6071.25 \*\*\*6071.25

CUSTOMER: Joy Jennings, Legal Assistant  
Waller Lansden Dortch & Davis  
Suite 2100  
511 Union Street  
Nashville, TN 372198966

\$481.25 Overpayment  
Provided Refund Application

FOREIGN FILINGS

NAME: SCA - MANAGEMENT COMPANY

☒ PROFIT  
☐ NON-PROFIT

☐ CORPORATE  
☐ LIMITED PARTNERSHIP

☒ QUALIFICATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☐ PLAIN STAMPED COPY  
☒ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jennifer Moran

RECEIVED  
95 APR -5 AM 11:19  
DIVISION OF CORPORATIONS  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR -5 AM 8:16

54/



RECEIVED

95 APR -7 AM 8 38

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

April 5, 1995

CIS

SUBJECT: SCA - MANAGEMENT COMPANY  
Ref. Number: W95000007360

*Resubmit*

We have received your document(s) in this office, however, the document is being returned for the following:

The amount due this office in annual report and penalty fees for a corporation who began transacting business in 1986 is \$5481.25 plus any applicable charter tax fees. In order for this office to calculate the amount due for charter tax the enclosed form will need to be completed.

If you have any questions concerning the filing of your document, please call (904) 487-6093.

Freta Lott  
Corporate Specialist Supervisor

Letter Number: 495A00015495

*Freda, please refund any additional monies, thank you - jany*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR -5 AM 8:16

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314



**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. SCA - MANAGEMENT COMPANY  
(Name of corporation: the word "INCORPORATED," "COMPANY," or "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  
(State or country under the law of which it is incorporated)
  3. February 4, 1986  
(Date of Incorporation)
  4. Perpetual  
(Duration)
  5. 62-1267189  
(Federal Employer Identification number, if applicable)
  6. February 4, 1986  
(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F.S.)
  7. 102 Woodmont Boulevard, Suite 610, Nashville, TN 37205  
(Current mailing address)
  8. Management of outpatient surgical facility  
(Brief description of the nature of the business in which it is engaged in the state of Florida)
  9. Names and addresses of officers and or directors: See attached
- A. Directors:**
- Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_
- Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_
- Director: \_\_\_\_\_  
Address: \_\_\_\_\_
- Director: \_\_\_\_\_  
Address: \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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President: See attached

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

10. Name and Street address of Florida registered agent:

Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, FL 32301

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR -5 AM 8:00

11. 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.

Registered agent's signature:

Gail Shelby  
(Officer)

Gail Shelby, Registered Agent  
(Type Name and Title of Officer)

12. 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.

13. William J. Hamburg  
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. William J. Hamburg, President

(Name and capacity of person signing application)

**OFFICERS AND DIRECTORS OF**  
**ECA-MANAGEMENT COMPANY**

**Attachment to Qualification Application**

**Directors:**

Joel C. Gordon

Surgical Care Affiliates, Inc.  
Suite 610  
102 Woodmont Boulevard  
Nashville, Tennessee 37205

William J. Hamburg

Surgical Care Affiliates, Inc.  
Suite 610  
102 Woodmont Boulevard  
Nashville, Tennessee 37205

**Officers:**

JOEL C. GORDON,  
Chairman

Surgical Care Affiliates, Inc.  
Suite 610  
102 Woodmont Boulevard  
Nashville, Tennessee 37205

WILLIAM J. HAMBURG,  
President

Surgical Care Affiliates, Inc.  
Suite 610  
102 Woodmont Boulevard  
Nashville, Tennessee 37205

CHARLES T. NEAL,  
Vice President

Surgical Care Affiliates, Inc.  
Suite 610  
102 Woodmont Boulevard  
Nashville, Tennessee 37205

E. MICHELE VICKERY,  
Vice President

Surgical Care Affiliates, Inc.  
Suite 610  
102 Woodmont Boulevard  
Nashville, Tennessee 37205

TARPLEY B. JONES,  
Secretary and Treasurer

Surgical Care Affiliates, Inc.  
Suite 610  
102 Woodmont Boulevard  
Nashville, Tennessee 37205

DANNY E. BUNDREN,  
Assistant Secretary

Surgical Care Affiliates, Inc.  
Suite 610  
102 Woodmont Boulevard  
Nashville, Tennessee 37205

JEFFREY A. BOGLE,  
Assistant Secretary

Surgical Care Affiliates, Inc.  
Suite 610  
102 Woodmont Boulevard  
Nashville, Tennessee 37205

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
APR - 5 1966  
11 8:16

**Secretary of State  
Corporations Section**

**James K. Polk Building, Suite 1800  
Nashville, Tennessee 37243-0306**

ISSUANCE DATE: 04/04/1995  
REQUEST NUMBER: 95094061  
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 02/04/1986  
STATUS: ACTIVE  
CORPORATE EXPIRATION DATE: PERPETUAL  
CONTROL NUMBER: 0167737  
JURISDICTION: TENNESSEE

TO:  
WALLER LANSDEN ETC  
511 UNION STREET  
SUITE 2100  
NASHVILLE, TN 37219

REQUESTED BY:  
WALLER LANSDEN ETC  
511 UNION STREET  
SUITE 2100  
NASHVILLE, TN 37219

**CERTIFICATE OF EXISTENCE**

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT  
-----  
"SCA - MANAGEMENT COMPANY"

-----  
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 THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS NOT BEEN FILED  
WITH THIS OFFICE; AND  
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND  
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR -5 AM 8:16

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FOR: REQUEST FOR CERTIFICATE

ON DATE: 04/04/95

FROM:  
WALLER LANSDEN ETC (511 UNION/NASHVILLE)  
SUITE 2100  
511 UNION STREET  
NASHVILLE, TN 37219-17

RECEIVED: FEES \$10.00 \$10.00  
TOTAL PAYMENT RECEIVED: \$20.00

RECEIPT NUMBER: 00001788172  
ACCOUNT NUMBER: 00000832



*Riley C Darnell*

**RILEY C. DARNELL  
SECRETARY OF STATE**

Document Number

F9500000/686

CT CORPORATION SYSTEM

660 EAST JEFFERSON STREET

Requestor's Name  
TALLAHASSEE, FL 32301

Address  
222-1092

City State Zip Phone

CORPORATION(S) NAME

500001938245  
-09/04/96--01089--007  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

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96 SEP -4 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SCA - Management Company

☐ Profit  
☐ NonProfit  
☐ Limited Liability Co.

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☒ Change of R.A.

☐ Fictitious Name Filing

☐ Certified Copy

☐ Photo Copies

☐ CUS

☐ Call When Ready

☐ Call if Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name  
Availability

Document  
Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

9/04

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10/26  
9-4

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96 SEP -4 AM 11:00  
DIVISION OF CORPORATION



**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Tennessee submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: SCA-Management Company

1b. Date of incorporation April 5, 1995 Document number 96 SEP - 4 PH12:12

2. The name and address of the current registered agent and office:

Corporation Service Company

1201 Hays Street, Tallahassee, Florida 32301

3. The name and address of the new registered agent and office:  
(P.O. Box Not Acceptable)

C T CORPORATION SYSTEM

c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation, Florida 33324

The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

*[Signature]*  
SIGNATURE  
7/31/96  
DATE

C. Drew Demaray, Asst. Secretary  
Typed or printed name and title

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE BY: *[Signature]* C T CORPORATION SYSTEM  
(Registered Agent)

DATE Dale W. Morris, Asst. Vice President 8/9/96

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

CR2E045 (7-91)

FILING FEE: \$35.00