

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 18 PM 1:52

DOCUMENT # L01000021601

1. Limited Liability Company's Name

Largo Surgery, LLC

900131358509
06/18/08--01041--011 **521.25

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 40 Burton Hills Blvd Suite, Apt. #, etc. Suite 500 City & State Nashville, TN Zip 37215		3. Mailing Office Address 40 Burton Hills Blvd Suite, Apt. #, etc. Suite 500 City & State Nashville, TN Zip 37215	
Country USA	Country USA		

4. State/Country of Formation Florida/USA	
5. Date Organized or Qualified To Do Business in Florida 12/31/2001	
6. FEI Number 010553657	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name C T Corporation System			
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Rd.			
Suite, Apt. #, Etc. #250			
City Plantation	State FL	Zip Code 33324	

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.	
Signature of Registered Agent <i>Madonna Cuddihy</i>	Madonna Cuddihy Special Assistant Secretary 5-23-08
REGISTERED AGENT MUST SIGN	

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SARC/Largo, Inc.	40 Burton Hills Blvd, Suite 500	Nashville, TN 37215

REINSTATEMENT
06-08 LEOA

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	
Signature of Managing Member/Manager <i>Darrell Nish</i>	Date 05-22-08
Daytime Phone# (615) 234-8915	
Typed or printed name of signing Managing Member/Manager DARRELL NISH, ASST. SEC. SARC/LARGO, INC. MGRM.	