

L18000083087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

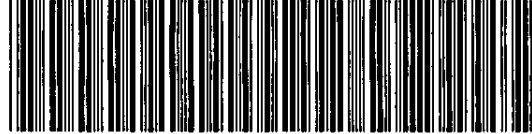
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000266510830

11/17/14--01024--002 \*\*25.00

FILED  
2014 NOV 17 A 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

NOV 25 2014

EXAMINER

5333 \* 25-10 @

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Baptist Surgery and Endoscopy Centers, L.L.C.  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Friedman

Name of Person

Baptist Health South Florida

Firm/Company

6855 Red Road, Suite 500

Address

Coral Gables, Florida 33143

City/State and Zip Code

davidfr@baptisthealth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Friedman

at (

786

662-7022

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

FILED  
2014 NOV 17 A 11:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E138 (2/14)

**STATEMENT OF AUTHORITY**

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

**FIRST:** The name of the limited liability company is: Baptist Surgery and Endoscopy Centers, L.L.C.

**SECOND:** The Florida Document Number of the limited liability company is: L08000083087

**THIRD:** The street address of the limited liability company's principal office is:

6855 Red Road

Suite 600

Coral Gables, Florida 33143

The mailing address of the limited liability company's principal office is:

6855 Red Road

Suite 600

Coral Gables, Florida 33143

**FOURTH:** This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: Baptist Ambulatory Services, Inc., a Florida  
corporation

b. No authority granted to: any other member, transferee,  
manager, officer, person or otherwise

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Baptist Ambulatory Services, Inc., a Florida  
corporation

b. No authority granted to: any other member, transferee,  
manager, officer, person or otherwise

Patricia Rosello  
Signature of authorized representative

Patricia Rosello  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

CR2E138 (2/14)

2014 NOV 17 A 11:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED