

L14 000 138175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

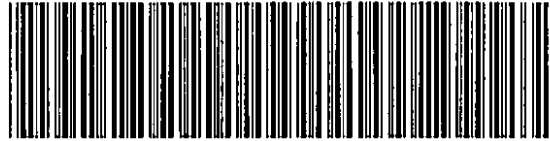
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Surgical Center of Ponte Vedra Beach, LLC  
\_\_\_\_\_  
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:

Jim Farah

\_\_\_\_\_  
Name of Person

Farah Law

\_\_\_\_\_  
Firm/Company

6550 St. Augustine Road, Suite 103

\_\_\_\_\_  
Address

Jacksonville, Florida 32217

\_\_\_\_\_  
City/State and Zip Code

jim@farahlaw.com

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

For further information concerning this matter, please call:

Jim Farah

at ( 904 ) 443-0060

\_\_\_\_\_  
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

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: Surgical Center of Ponte Vedra Beach, LLC

SECOND: The Florida Document Number of the limited liability company is: L14000138175

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

1030 A1A North

Ponte Vedra Beach, Florida 32082

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

1030 A1A North

Ponte Vedra Beach, Florida 32082

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: Timothy L. Schneider, John B. Harris

Frank R. Collier, Jr., Farid Hakim

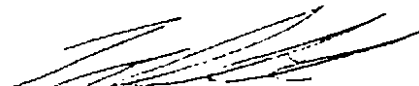
b. No authority granted to: any other person affiliated with  
the LLC

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

a. Granted to: Timothy L. Schneider, John B. Harris

Frank R. Collier, Jr., Farid Hakim

b. No authority granted to: any other person affiliated with  
the LLC.

  
Signature of authorized representative

Timothy Schneider MD  
Typed or printed name of signature

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

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