

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# L150000068305

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
THE OUTPATIENT CENTER, LLC**

|                       |         |
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**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: The Outpatient Center, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L15000068305

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

**2351 S. Seacrest Blvd.  
Boynton Beach, Florida 33426**

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

**2351 S. Seacrest Blvd.  
Boynton Beach, Florida 33426**

**FOURTH:** This statement of authority sets limitations of authority on the persons or entities set forth below:

**National Surgery Center Holdings, Inc., in its capacity as a member of the limited liability company, does not have any authority as a manager, as that term is defined in section 605.0102, Florida Statutes, regardless of whether it uses the title "managing member."**

  
Signature of authorized representative

Kyle Burnett  
Typed or printed name of signature

**Filing Fee: \$25.00  
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