

L19000135504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

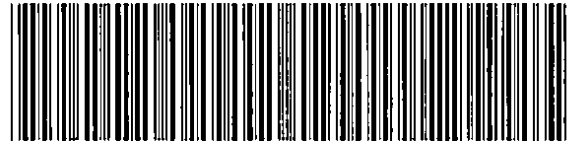
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 APR 30 AM 11:29

19 MAY 30 AM 11:01
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

MAY 30 2019

D CUSHING

DEPARTMENT OF STATE
ACCOUNT FILING COVER SHEET

Account Number FCA000000017

Date: 5/30/19

Requestor Name: Carlton Fields

Address: Post Office Drawer 190
Tallahassee, Florida 32302

Telephone: (850) 513-3619 - direct
(850) 224-1585

Contact Name: Kim Pullen, CP, FRP

AUTHORIZED AMOUNT TO
DEDUCT FROM ACCOUNT

\$ 155.00

Corporation Name: Surgery Center Mergeco, LLC

Email Address:

Entity Number:

Authorization:

Kim Pullen

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☒ Certified Copy

☒ New Filings

☐ Fictitious Name

☐ Plain Stamped Copy

☐ Amendments

☐ Certificate of Status

☐ Annual Report

☐ Registration

(X) Call When Ready

(X) Call if Problem

() After 4:30

(X) Walk In

() Will Wait

(X) Pick Up

CF Internal Use Only

Client: _____ Matter: _____

Name: N. Doliner Office: TPA

9501656-4

**ARTICLES OF ORGANIZATION
OF
SURGERY CENTER MERGECO, LLC**

The undersigned, as the authorized representative of the organizing member of a limited liability company under the Florida Revised Limited Liability Company Act, adopts the following Articles of Organization for such limited liability company:

ARTICLE I

Name

The name of the limited liability company is Surgery Center MergeCo, LLC (the "Company").

ARTICLE II

Initial Principal Office Street and Mailing Address

The Company's initial principal office street address and mailing address are One Tampa General Circle, Tampa, Florida 33606-3571.

ARTICLE III

Initial Registered Agent and Office

The street address of the initial registered office of the Company is One Tampa General Circle, Tampa, Florida 33606-3571, and the name of its initial registered agent at that address is Florida Health Sciences Center, Inc.

ARTICLE IV

Member

The name and address of the sole member of the Company are:

NAME

ADDRESS

TGH Ancillary Holding Company

One Tampa General Circle
Tampa, Florida 33606-3571

ARTICLE V

Management

The Company is member-managed.

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ARTICLE VI
Authorized Representative

The name and address of the authorized representative of the organizing member of the Company are:

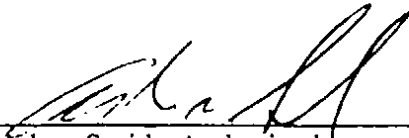
NAME

Adam Smith

ADDRESS

One Tampa General Hospital
Tampa, Florida 33606-3571

Dated this 30 day of May 2019.



Adam Smith, Authorized
Representative


ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent and to accept service of process for the Company, at the place designated as the registered office, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the duties and obligations of its position as registered agent.

Dated this 30 day of May 2019.

REGISTERED AGENT:

Florida Health Sciences Center, Inc.

By: 
Name: Jeff Couris
Title: President / CEO