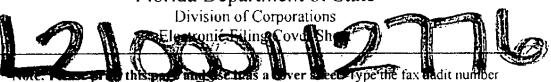
3/18/2021

Division of Corporations

Florida Department of State





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From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA0000000023

: (614)280-3338

Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	_	_				
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FLORIDA LIMITED LIABILITY CO.

NCH Naples Outpatient Surgical Institute, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liab	ility Company is:			
NCH Naples Outp	atient Survical Institute, I	LC Liability Company,	"L.L.C.," or "LLC.")	a area de seu conse.
ARTICLE II - Address: The mailing address and street	t address of the principal o	office of the Limited	Liability Company is:	
Princ	ipal Office Address:		Mailing Address	: :
11221 Roe Avenus	2	1122	21 Roc Avenue	
Leawood, KS 662	11		wood, KS 66211	
ARTICLE III - Registered A (The Limited Liability Comparanother business entity with a	ny cannot serve as its own	Registered Agent.	nt's Signature: You must designate an indivi	idual or
(inc Limited Liability Compar	ny cannot serve as its own n active Florida registratio	Registered Agent. ' n.) I agent are: tem	nt's Signature: You must designate an indiv	idual or
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(CONTINUED)

Registered Agent's Signature (REQUIRED)

2021 HAS 18 PH 1: 30

Page: 4 of 4

Title: "AMBR" = Authorized Members "MGR" = Manager	Name and Address:
Manager	ValueHealth, LLC
	11221 Roe Avenue
	Leawood, KS 662]]
ective date is listed, the date m	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 days
EV: Effective date, if other that fective date is listed, the date most filting.)	ust be specific and cannot be more than five business days prior to or 90 days does not meet the applicable statutory filing requirements, this date will not be li
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