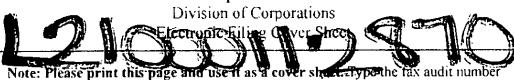
3/18/2021

Division of Corporations

## Florida Department of State



(((H210001103613)))

(shown below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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

	Address			
-mail	NAULDSC:			

## FLORIDA LIMITED LIABILITY CO.

## Southeast Florida Specialty Surgery Center, LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

To: 18506176381

AKIRLESOF	UKCANIZATION FOR FLORIT	DA LIMITED LIABILITY COMPANY
ARTICLE I - Name:		
The name of the Limited Liability	Company is:	
Southeast Florida Soo	ciale. Sunca Comerc FI C	
	cialty Surgery Center, LLC	
(Must conta	m the words "Limited Liabilit	y Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address:		
The mailing address and street add	tress of the principal office of	the Limited Liability Company is:
Principal	Office Address:	Malling Address:
11221 Roe Avenue		11221 Roc Avenue
Leawood, KS 66211		Leawood, KS 66211
ARTICLE IR - Registered Ages (The Limited Liability Company of another business entity with an ac	annot serve as its own Registe	stered Agent's Signature: xnd Agent. You must designate an individual or
The name and the Florida street ad	ldress of the registered agent a	vre;
	C T Corporation System	
	Name	
	1200 South Pinc Island Road	1
	Florida street address (P.O.)	Box <u>NOT</u> acceptable)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Plantation

City

ofour R Brosenick C T Corporation System by: Laura R. Broderick, Asl. Secretary Registered Agent's Signature (REQUIRED)

State

33324

Zip

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
Manager	ValueHealth, LLC	
	11221 Roe Avenue Leawood, K\$ 66211	<del></del>
		<del></del>
		<del>_</del>
(Use attachment if necessary)		
F.V. Effective date if other than the date	e of filing: (OPTIONAL	)
'ective date is listed, the date must be sp of filing.) f the date inserted in this block does not:	pecific and cannot be more than five business days prior to meet the applicable statutory filing requirements, this date w	or 90 days afte
ective date is listed, the date must be spot filing.) The date inserted in this block does not ment's effective date on the Department. E. VI: Other provisions, if any.	pecific and cannot be more than five business days prior to meet the applicable statutory filing requirements, this date w	or 90 days afte
ective date is listed, the date must be spot filing.)  If the date inserted in this block does not ment's effective date on the Department  E VI: Other provisions, if any.	need the applicable statutory filing requirements, this date we to State's records.	or 90 days afte
RECUIRED SIGNATURE:  Signature of a m  This document is executed in this block does not a ment's effective date on the Department of the provisions, if any.	meet the applicable statutory filing requirements, this date was of State's records.  The state of state of a member of a member of a member of an authorized representative of a member.  The state of a member of a member of a member of an accordance with section 605.0203 (1) (b). Florida State of a member	or 90 days afte
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REOUIRED SIGNATURE:  Signature of a m  This document is executed an aware that any false constitutes a third degree  \$125.00 Filling Fee for Articles of Ore \$ 30.00 Certified Copy (Optional)	meet the applicable statutory filing requirements, this date was of State's records.  The state of a member of a m	or 90 days afte