Division of Corporations **Electronic Filing Cover Sheet** 

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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.\*\*

Fmail	Address:		

## FLORIDA LIMITED LIABILITY CO.

St. Barbara's Surgery Center, LLC

Certificate of Status	Û
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

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•	ARTICLES OF ORGANIZAT	TON FOR FLORIDA LIM	ITTED LIABILTIN	COMPANY	2021 H	AY 17	AK 10: 41
ARTICL	E I - Name:				SECT.	. ,	Tare
The name	of the Limited Liability Company is	:			7,4,1		> STATE SSF. FL
	St. Barbara's Surgery Center, LLC						
	(Must contain the words	"Limited Liability Com	pany, "L.L.C.," c	or "LLC.")			
	E II - Address:						
The maili	ng address and street address of the p	orincipal office of the Li	mited Liability C	ompany is:			
	Principal Office Add	lress:		Mailing Ado	ress;		
	44 Barkley Circle		44 Barkley Cire				
	Fort Myers, Florida 33907		Cast Marson El.	orida 33907			
		<del></del>	FULL VIVEIS, FIL				
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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.

By: Stephanie Hencz, Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

\*Page: 4 of 4

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Florida Eve Health Services, LLC
	44 Barkley Circle
	Fort Myers, Florida 33907
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## Filing Fees:

Mark L. Quigley
Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)