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TRPORATE		11.7 7
ACLS9,	Box 37066 (32315-7066) ~ (850) 222-2666 or (600)	
P.O.	WALK IN	
	PICK UP 3/22/01 16:00	

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The Ft. Muers Digestiv	e Health And Pain ASC, LL	<u>.C</u>
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608,503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Tennessee
(Jurisdiction under the law of which foreign limited liability company is organized) 5. (Duration: Year lin March 6, 2001 (Date of Organization) business in Florida. (See sections 608.501, 608.502, and 817.155, F.S. Blvd, Nashville, TN (Street address of principal office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: 20 Burton Hills Blvd, Nashville, TN 37215 Ken P. McDonald Dennis J. Zamojski 20 Burton Hills Blvd., Nashville, TN 37215 20 Burton Hills Blud, Nashville, TN 37215 Claire M. Gulmi 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Own and Operate Signature of a member or/an authorized representative of a member. (In accordance with section 608.498(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

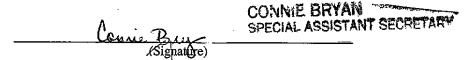
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:		
The Ft. Myers Digestive Health and Pain A	ISC, LLC	
2. The name and the Florida street address of the registered agent and office are:	MAR (
CT Corporation System	22 AM IO	
1200 South Pine Island Road Florida street address (P.O. Box NOT ACCEPTABLE)	ATE ORIDA	
Plantation FL 33324 City/State/Zip		

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 608, F.S..



\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 03/12/2001 REQUEST NUMBER: 01071183 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 03/08/2001 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0404649 JURISDICTION: TENNESSEE

TO: CFS 8161 HIGHWAY 100 #100 NASHGVILLE, TN 37221 REQUESTED BY: CFS 8161 HIGHWAY 100 #100 NASHGVILLE, TN 37221

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"THE FT. MYERS DIGESTIVE HEALTH AND PAIN ASC, LLC"

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF FORMATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID:
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

O1 MAR 22 AM IO: 36
SECRETARISE FLORIDA

FOR: REQUEST FOR CERTIFICATE

ON DATE: 03/12/01

RECEIVED: FEES \$40.00

\$0.00

FROM: CFS 8161 HIGHWAY 100

TOTAL PAYMENT RECEIVED:

\$40.00

#172 NASHVILLE, TN 37221-0000 RECEIPT NUMBER: 00002826634 ACCOUNT NUMBER: 00101230



RILEY C. DARNELL SECRETARY OF STATE

CC 1150