

**CORPORATE  
ACCESS  
INC.**

36 East 6th Avenue Tallahassee Florida 32303

P.O. Box 7066 (32315-7066)

(850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

**WALK IN**

PICK UP 3/22/01 11:00

CERTIFIED COPY \_\_\_\_\_

CUS \_\_\_\_\_

☒ PHOTO COPY \_\_\_\_\_

☒ FILING For. qual. Lhe

1.) The Ft. Lauderdale Ophthalmology ASC, LLC  
(CORPORATE NAME & DOCUMENT #)

2.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

000003892250--6

-03/22/01--01011--013

\*\*\*\*175.00 \*\*\*\*125.00

3.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

4.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

5.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS \_\_\_\_\_

FILED RECEIVED  
01 MAR 22 AM 01:40  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE OF FLORIDA

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4

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:

1. The Ft. Lauderdale Ophthalmology ASC, LLC  
(Name of foreign limited liability company)

2. Tennessee  
(Jurisdiction under the law of which foreign limited liability  
company is organized)

3. applied for  
(FEI number, if applicable)

4. January 11, 2001  
(Date of Organization)

5. Perpetual  
(Duration: Year limited liability company will cease to  
exist or "perpetual")

6. Upon qualification  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 20 Burton Hills Blvd.  
Nashville, TN 37215  
(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:

Ken P. McDonald 20 Burton Hills Blvd, Nashville, TN 37215  
Dennis J. Zamojski 20 Burton Hills Blvd, Nashville, TN 37215  
Claire M. Gulmi 20 Burton Hills Blvd, Nashville, TN 37215

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  
ambulatory ophthalmology surgery center

Claire M. Gulmi  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes  
an affirmation under the penalties of perjury that the facts stated herein are true.)

Claire M. Gulmi, Secretary  
Typed or printed name of signee

01 MAR 22 AM 10:40  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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. Lauderdale Ophthalmology ASC, LLC

2. The name and the Florida street address of the registered agent and office are:

CT Corporation System  
(Name)

1200 South Pine Island Road  
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Plantation FL 33324  
City/State/Zip

SECRET  
OFFICE OF THE  
TALLAHASSEE FLORIDA

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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 608, F.S..*

Connie Bryan **CONNIE BRYAN**  
(Signature) **SPECIAL ASSISTANT SECRETARY**

\$ 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: 01/11/2001  
STATUS: ACTIVE  
CORPORATE EXPIRATION DATE: PERPETUAL  
CONTROL NUMBER: 0401637  
JURISDICTION: TENNESSEE

TO:  
CFS  
8161 HIGHWAY 100  
#100  
NASHVILLE, TN 37221

REQUESTED BY:  
CFS  
8161 HIGHWAY 100  
#100  
NASHVILLE, TN 37221

**CERTIFICATE OF EXISTENCE**

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

"THE FT. LAUDERDALE OPHTHALMOLOGY 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.

**FILED**  
01 MAR 22 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FOR: REQUEST FOR CERTIFICATE

ON DATE: 03/12/01

FROM:  
CFS  
8161 HIGHWAY 100  
#172  
NASHVILLE, TN 37221-0000

	FEES	
RECEIVED:	\$40.00	\$0.00
TOTAL PAYMENT RECEIVED:		\$40.00

RECEIPT NUMBER: 00002826634  
ACCOUNT NUMBER: 00101230



*Riley C Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE