

✓  
MOI 000000628

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

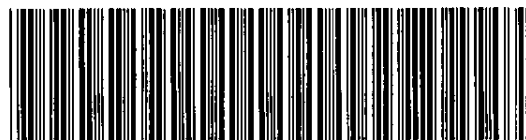
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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JAN 17 2014  
2014 JAN 17 14:36  
TO A QUALIFYING  
SUPPORT OF FILMS

B. BOSTICK

JAN 27 2014

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-23**

**CONTACT:**      **RICKY SOTO**

**DATE:**            **01/17/2014**

**REF. #:**           **9024826**

**CORP. NAME:**   **THE SUNRISE OPHTHALMOLOGY ASC, LLC**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input checked="" type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK           | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP              | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                           | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |  |
| <input type="checkbox"/> OTHER:                      |   |  |

**STATE FEES PREPAID WITH CHECK# 70013503 FOR \$ 55.00**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- ☒ CERTIFIED COPY      ☐ CERTIFICATE OF GOOD STANDING      ☐ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

Examiner's Initials

FILED  
JAN 17 2014  
TALLAHASSEE, FL

2014 JAN 17 AM 11:36

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE SUNRISE OPHTHALMOLOGY ASC, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Margaret Alexander

Name of Person

Bass, Berry & Sims

Firm/Company

150 3rd Avenue South Ste 2800

Address

Nashville, TN 37215

City/State and Zip Code

kwilliams@amsurg.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Margaret Alexander

Name of Person

at ( 615 ) 259-6721

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

TALLAHASSEE, FL  
2014 JAN 17 AM 11:36

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**


1. Name of limited liability Company as it appears on the records of the Florida Department of State: THE SUNRISE OPHTHALMOLOGY ASC, LLC
2. Jurisdiction of its organization: Tennessee MO1000000628
3. Date authorized to do business in Florida: 03/22/2001

**SECTION II (4-7 complete only the applicable changes)**

4. New name of the limited liability company: SUNRISE OPHTHALMOLOGY ASC, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  
\_\_\_\_\_
6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change: \_\_\_\_\_
7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

Clint C. Cromwell  
Typed or printed name of signee

**Filing Fee: \$25.00**

FILED  
JAN 11 2001  
AM 11:36

**SECRETARY OF STATE**  
**Division of Business Services**  
**312 Rosa L. Parks Avenue**  
**6<sup>th</sup> Floor, William R. Snodgrass Tower**  
**Nashville, TN 37243**

DATE: 01/22/2014  
REQUEST NUMBER: 14022118  
TELEPHONE CONTACT: (615) 741-6488  
CHARTER/QUALIFICATION DATE: 01/11/2001  
CONTROL NUMBER: 0401637  
JURISDICTION: TENNESSEE

CAPITAL FILING SERVICE, INC.  
992 DAVIDSON DRIVE  
SUITE B  
NASHVILLE, TN 37205

I, TRE HARGETT, Secretary of State of the State of Tennessee, do hereby certify that the Articles of Amendment to the Articles of Organization of:

THE SUNRISE OPHTHALMOLOGY ASC, LLC

were filed in this office on September 18, 2008, Changing the name to:

SUNRISE OPHTHALMOLOGY ASC, LLC

2014 JUN 17 AM 11:36  
TALLAHASSEE, FL 32301



SS-4458

**TRE HARGETT**  
**SECRETARY OF STATE**



**STATE OF TENNESSEE**  
**Tre Hargett, Secretary of State**

**Division of Business Services**

William R. Snodgrass Tower  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**CFS**  
**SUITE B**  
**992 DAVIDSON DRIVE**  
**NASHVILLE, TN 37205**

**January 17, 2014**

**Request Type: Certificate of Existence/Authorization**  
**Request #: 0118292**

**Issuance Date: 01/17/2014**  
**Copies Requested: 1**

**Document Receipt**

**Receipt #: 1271526**  
**Payment-Account - CFS, NASHVILLE, TN**

**Filing Fee: \$20.00**  
**\$20.00**

**Regarding: SUNRISE OPHTHALMOLOGY ASC, LLC**  
**Filing Type: Limited Liability Company - Domestic**  
**Formation/Qualification Date: 01/11/2001**  
**Status: Active**  
**Duration Term: Perpetual**  
**Business County: DAVIDSON COUNTY**

**Control #: 401637**  
**Date Formed: 01/11/2001**  
**Formation Locale: TENNESSEE**  
**Inactive Date:**

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**SUNRISE OPHTHALMOLOGY ASC, LLC**

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent corporation annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

*Tre Hargett*  
**Tre Hargett**

**Secretary of State**

**Processed By: Nichole Hambrick**

**Verification #: 005790726**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 21, 2014

CORPDIRECT AGENTS, INC.  
THE SUNRISE OPHTHALMOLOGY ASC, LLC  
RICKY SOTO

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE

1/17/14

SUBJECT: THE SUNRISE OPHTHALMOLOGY ASC, LLC  
Ref. Number: M01000000628

We have received your document for THE SUNRISE OPHTHALMOLOGY ASC, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 214A00001311

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE

1/17/14

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE

1/17/14

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TALLAHASSEE, FLORIDA  
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