



MD10000000873

ACCOUNT NO. : 072100000032

REFERENCE : 119640 7268521

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 125.00

ORDER DATE : April 18, 2001

ORDER TIME : 9:37 AM

ORDER NO. : 119640-005

CUSTOMER NO: 7268521

CUSTOMER: Mr. Philip Townsend
Minimal Access Surgery
16309 Moradas De Avila

Tampa, FL 33600

100004034121--5

FOREIGN FILINGS

NAME: ADVANCED SURGICAL SYSTEMS LLC

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 1156

EXAMINER:

VB
4-20-01

DIVISION OF CORPORATION

01 APR 19 PM 4:06

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 APR 19 AM 9:49

APPROVED
AND
FILED

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. ADVANCED SURGICAL SYSTEMS - LLC
(Name of foreign limited liability company)
2. DELAWARE 3. 589128219
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 1/12/2000 5. PERPETUAL
(Date of Organization) (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. 16309 Moradas De Avila, Tampa, Fl 33613

(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:

PHILIP TOWNSEND M.D.

16309 MORADAS DE AVILA

TAMPA, FLORIDA 33613

01 APR 19 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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: _____

① BREAST CARE CENTERS. ② ADVANCED SURGICAL CENTERS

Philip Townsend

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.)

PHILIP TOWNSEND

Typed or printed name of signer

**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:

ADVANCED SURGICAL SYSTEMS LLC

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

PHILIP TOWNSEND
(Name)

16301 MORADAS DE AVILA
Florida street address (P.O. Box NOT ACCEPTABLE)

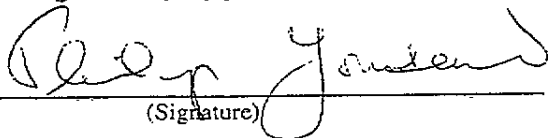
TAMPA FL 33613
City/State/Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 APR 19 AM 9:49

APPROVED
AND
FILED

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..


(Signature)

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

State of Delaware
Office of the Secretary of State

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADVANCED SURGICAL SYSTEMS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF APRIL, A.D. 2001.

APPROVED
AND
FILED
01 APR 19 AM 9:50
SECRETARY OF STATE
PAUL HANSEN, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3158839 8300

AUTHENTICATION: 1086811

010187401

DATE: 04-18-01