

UCC FILING & SEARCH SERVICES, INC. 526 East Park Avenue Tallahassee, Florida 32301 (850) 681-6528

HOLD FOR PICKUP BY **UCC SERVICES** OFFICE USE ONLY

RPORATION NAME (S) AND DOCUMENT NUMBER (S):

847234/12500U May 17, 2001

The Cape Coral/Ft Myers Anesthesia II LLC							
Filing Evidence  ☑ Plain/Confirmation Copy	<b>y</b>	Type of Document  ☐ Certificate of Status					
□ Certified Copy		☐ Certificate of Good Standing					
		□ Articles Only					
Retrieval Request  Photocopy		☐ All Charter Documents to Include  Articles & Amendments ☐ Fictitious Name Certificate					
□ Certified Copy		Other FILING ST					
NEW FILINGS		AMENDMENTS ES O					
Profit		i Amendmeni					
Non Profit		Resignation of RA Officer/Director  Change of Registered Agent  Dissolution/Withdrawal					
Limited Liability		Change of Registered Agent					
Domestication		Dissolution/Withdrawal					
Other		Merger					
		8000042426785 -05/17/0101095017					
OTHER FILINGS		REGISTRATION/QUALIFICATION *****125.00 ****125.00					
Annual Reports		Foreign					
Fictitious Name	X	Limited Liability  Reinstatement					
Name Reservation		Reinstatement					
Reinstatement		Trademark					
		1 I					

Other

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 Cape Coral/Ft. Myers	(Name of foreign	ı lin	nited liability company)	······································	_	
a Tappacasa						
2. Tennessee (Jurisdiction under the law of	Which foreign limited lightlim	3.	applied for	·		
company is organized)	which foreign milited hability		(FEI number, if applicable)			
4 April 25, 2001		5	perpetual		-	
(Date of Organ	ization)	٦.	(Duration: Year limited liability company wi	I cease to	_	
			exist or "perpetual")			
6. Upon qualification						
(Date first trai	asacted business in Florida. (Se	e se	ctions 608.501, 608.502, and 817.155, F.S.)			
7. 20 Burton Hills Blvd., Nas	shville, TN 37215					
					_	
		****	<u> </u>			-
	(Street addres	s of	principal office)		_	•
8. If limited liability comp	anv is a manager-manage	d co	mnany check here			
· · · · · · · · · · · · · · · · · · ·	y w manager manage	u ()	mpany, eneck here			
<ol><li>The usual business addr</li></ol>	esses of the managing me	mb	ers or managers are as follows:			
Ken P. McDonald			•			
Neit 1 . McDoriald	20 Buπon Hill	s B	vd., Nashville, TN 37215	<u> </u>	-0	
Dennis J. Zamojski	20 Burton Hill	s B	ivd., Nashville, TN 37215		3	
	<u>artis artis artis</u>	<u> </u>	,	<del></del>		
Claire M. Gulmi	20 Burton Hills	s Bl	vd., Nashville, TN 37215	SS ≥	-	77
				<u> </u>		7
			se company of the second of the	77.0	ाटे ———	
10. Attachedie au aciainata a de				OR OR	155	
to. Attached is an original certific he invisdiction, under the love of w	ate of existence, no more than 9	0 da	ys old, duly authenticated by the official having	custody of 1	records	3 in
regardeness under the law of warming and a state and a	outh of the translaturement he as	opy:	s not acceptable. If the certificate is in a foreign	n language, a	a	
immunor or the extractic trice.	Cautor the translator frust de str	Difff	ueal)			
1. Nature of business or p	urposes to be conducted o	r p	romoted in Florida:			
		- F				
Own and operate and amb	ulatory surgery center		and the state of t			
	lo U da			-	_	
G:	Claus In In					
Signa (In acc	nure of a member of an au	ith(	orized representative of a member. the execution of this document constitutes			
an affi	rmation under the penalties of per	iury	that the facts stated herein are true.)			
	Claire M. Gu					

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.

The Cape Coral/Ft. Myers Anesthesia II,	LLC	
2. The name and the Florida street ac	ldress of the registered agent and office are:	
CT Corporation Syste	em	TAGE 01
1200 South Pine Isla	PPRI FIL TARY HASSI	
Florida str		
Plantation	FL 33324	1.08.0 3.19.15 3.19.15 3.17.15
<del>//</del>	City/State/Zip	)
liability company at the place designate registered agent and agree to act in the	nt and to accept service of process for the abo ted in this certificate, I hereby accept the appe is capacity. I further agree to comply with th	ointment as e 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..

CT Corporation System

(Signature)

JENNIFER F AULTMAN **ASSISTANT SECRETARY** 

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

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

ISSUANCE DATE: 05/16/2001 REQUEST NUMBER: 01136563 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 04/25/2001 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0407183 JURISDICTION: TENNESSEE

TO: PARANET CORP SVCS, INC 3761 VENTURE DR SUITE 260 DULUTH, GA 30096 REQUESTED BY: PARANET CORP SVCS, INC 3761 VENTURE DR SUITE 260 DULUTH, GA 30096

## CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT
"THE CAPE CORAL/FT. MYERS ANESTHESIA II, 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.

OI MAY 17 PM 12: 38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR: REQUEST FOR CERTIFICATE

3761 VENTURE DR. SUITE 260 DULUTH, GA 30096-0000

PARANET CORPORATION SERVICES INC/3761 VE

ON DATE: 05/16/01

FEES

RECEIVED:

\$20.00

\$0.00

TOTAL PAYMENT RECEIVED:

\$20.00

RECEIPT NUMBER: 00002882397 ACCOUNT NUMBER: 00287743



Rely & Darnell

RILEY C. DARNELL SECRETARY OF STATE