UCC FILING & SEARCH SERVICES, INC. 526 East Park Avenue Tallahassee, Florida 32301 (850) 681-6528 ATION NAME (S) AND DOCUMENT NUMBER (S):

HOLD

FOR PICKUP BY **UCC SERVICES**

FFICE USE ONLY

The Naples Endoscopy Anesthesia, LLC

Filing	Evid	ence
r muz	LYIU	CHUL

- ☑ Plain/Confirmation Copy
- □ Certified Copy

Retrieval Request

- □ Photocopy
- □ Certified Copy

Type of Document

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- □ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- □ Fictitious Name Certificate
- □ Other

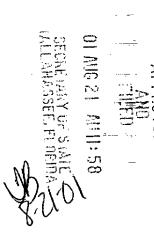
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	VTE TONS	NEW FILINGS
C	F.ST	Profit Control
111		Non-Profit
1		Limited Liability
£	DEP.	Domestication
	Č	Other

OTHER FILINGS
Annual Reports
Fictitious Name
Name Reservation
Reinstatement

AMENDMENTS
 Amendment
Resignation of RA Officer/Director
Change of Registered Agent
Dissolution/Withdrawal
Merger

	REGISTRATION/QUALIFICATION
X	Foreign
	Limited Liability
	Reinstatement
	Trademark
	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:

The Naples Endoscopy Anesthesia, LLC (Name	of foreign limited liability company)	
Tannasaa	3 62-1857277	
Tennessee (Jurisdiction under the law of which foreign limited company is organized)		
4. May 29, 2001 (Date of Organization)	5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")	
5. Upon qualification (Date first transacted business in F	lorida. (See sections 608.501, 608.502, and 817.155, F.S.)	
7. 20 Burton Hills Blvd, Nashville, TN 37215		
—————————(St	reet address of principal office)	
8. If limited liability company is a manager		
9. The usual business addresses of the man	aging 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	lmi 20 Burton Hills Blvd, Nashville, TN 37215	
10. Attached is an original certificate of existence, no the jurisdiction under the law of which it is organized translation of the certificate under eath of the translator	more than 90 days old, duly authenticated by the official having custody of records in . (A photocopy is not acceptable. If the certificate is in a foreign language, a or must be submitted.)	
11. Nature of business or purposes to be co	onducted or promoted in Florida: Own and operate an	
ambulatory surgery center		
(In accordance with section an affirmation under the pe	per or an authorized representative of a member. 608.408(3), F.S., the execution of this document constitutes enablies of perjury that the facts stated herein are true.) M. Gulmi, Secretary	
Tyme	d 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 Naples Endoscopy Anesthesia, LLC		7
2. The name and the Florida street address of the registered agent and office are:		¹ —
CT Corporation System	SECI SECI	
(Name)	AUG 2	
1200 South Pine Island Road Florida street address (P.O. Box NOT ACCEPTABLE)	SSEE TO THE	
Plantation FL 33324 City/State/Zip	72 C	

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..

JOAN BOLDEN

(Signature)

ASSISTANDSECRETARY 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: 08/13/2001 REQUEST NUMBER: 01225537 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 05/29/2001 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0408832 JURISDICTION: TENNESSEE

TO: CFS 8161 HWY 100

REQUESTED BY: CFS 8161 HWY 100 NASHVILLE, TN 37221

NASHVILLE, TN 37221

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT
"THE NAPLES ENDOSCOPY ANESTHESIA, 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 AUG 21 AM II: 58
SECRUTARY OF STATE
ATTAMASSEE, FLORIDA

FOR: REQUEST FOR CERTIFICATE

ON DATE: 08/13/01

RECEIVED:

FEES \$120.00

\$0.00

TOTAL PAYMENT RECEIVED:

\$120.00

RECEIPT NUMBER: 00002921351 ACCOUNT NUMBER: 00101230



8161 HIGHWAY 100

NASHVILLE, TN 37221-0000

FROM:

CFS

RILEY C. DARNELL SECRETARY OF STATE