

ME200001714

Steven and Tamberly McCarus
815 Boca Pointe Drive
Orlando, FL 32836

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

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4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

02 JUN 28 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
AND
FILED

CR2E031(7/97)

855/643/671

Examiner's Initials

7/1 2008
102-14570



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 20, 2002

STEVEN AND TAMBERLY MCCARUS
815 BOCA POINTE DRIVE
ORLANDO, FL 32836

SUBJECT: GYNECOLOGICAL SOCIETY FOR UTERINE DISORDERS, LLC
Ref. Number: W02000014570

We have received your document for GYNECOLOGICAL SOCIETY FOR UTERINE DISORDERS, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 102A00032179

02 JUN 28 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. GYNECOLOGICAL SOCIETY FOR UTERINE DISORDERS, LLC
(Name of foreign limited liability company)

2. GEORGIA 3. 58-2594557
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 07/14/00 5. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. 01/01/02
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 10815 BOCA POINTE DRIVE
ORLANDO FL 32836-5861
(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:
STEVEN D. MCCARUS, 10815 BOCA POINTE DRIVE, ORLANDO, FL 32836-5861

APPROVED
AND
FILED
02 JUN 28 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: EVALUATE AND PROMOTE
STATE OF THE ART SURGICAL & MEDICAL THERAPIES FOR WOMEN.

STEVEN D. MCCARUS
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.)

STEVEN D. MCCARUS, MEMBER
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:

GYNECOLOGICAL SOCIETY FOR UTERINE DISORDERS, LLC

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

STEVEN D. MCCARUS

(Name)

10815 BOCA POINTE DRIVE

Florida street address (P.O. Box **NOT** ACCEPTABLE)

ORLANDO

FL 32836-5861

(City/State/Zip)

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)

02 JUN 28 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

◀ **Secretary of State**
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 021710082
CONTROL NUMBER : 0033048
DATE INC/AUTH/FILED: 07/14/2000
JURISDICTION : GEORGIA
PRINT DATE : 06/20/2002
FORM NUMBER : 211

STEVEN D. MCCARUS
GYNECOLOGICAL SOCIETY FOR UTERINE DISORD
10815 BOCA POINT DR.
ORLANDO, FL 32836

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

GYNECOLOGICAL SOCIETY FOR UTERINE DISORDERS, LLC
A GEORGIA LIMITED LIABILITY COMPANY

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox
Secretary of State