#### Electronic Filing Cover Sheet

Public Access System

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H030003361193)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

TO:

Division of Corporations

Fax Number : (850) 205-0383

From

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850) 222-9428

### FOREIGN LIMITED LIABILITY COMPANY

Nueterra Healthcare Management, LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$125.00

**Corporate Filing** TACK ON PHASE MAIN

## FOULSTON SIEFKIN L.

Bank of America Center 100 N. Broadway, Sulta 700 Wichila, Kansus 67202-2295 316,267,6371 Fax 316,267,6345

#### ATTORNEYS AT LAW

555 S. Kanssa Ave., Suite 101 Topeks, Kansas 66603-3423 765.233.3600 Fax 785,233,1610

40 Corporate Woods, Suite 1050 9401 Indian Creek Parkway Overland Park, Kansas 66210-2019 913,498,2100 Fax 913,498,2101 www.foulston.com

MENDIN OF LEX MUNCI, THE WORLD'S LEADING ASSOCIATION OF INDEPENDENT LAW FIRMS

December 8, 2003

Secretary of State of Florida Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399.

Re:

Foreign LLC Qualifications

Dear Sir or Madam:

Enclosed for filing, please find the appropriate documents to qualify Nucterra Healthcare Management, LLC, a Delaware limited liability company, to conduct business in the State of Florida.

Please note that Nucterra Healthcare Management, LLC was originally organized as a Utah limited liability company under a different company name. The company converted into a Delaware limited liability company, effective November 15, 2003, pursuant to the Articles of Conversion and Certificate of Formation filed with the Delaware Secretary of State.

Accordingly, the enclosed Certificate of Good Standing for the company may indicate the organization date as "November 15, 2003." Nevertheless, under Delaware Code Section 18-214(d), the company is deemed to have existed since the original organization date in Utah. Therefore, the original organization date in Utah is indicated on the form attached hereto.

Please do not hesitate to contact us with any questions.

Very truly yours,

FOULSTON SIEFKIN LLP

William P. Trenkle, Jr.

ΙY

Enclosure

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1-1-20	n limited liability company)
Delaware (Jurisdiction under the law of which foreign limited liability company is organized)	3. 87-0569837 (FEI number, if applicable)
(Date of Organization)	5. Perpetual  (Duration: Year limited liability company will cease to exist or "perpetual")
•	es sections 608.501, 608.502, and 817,155, P.S.)
7520 W. 160th St., Ste. 100, Stillwell, KS 66085	
(Strest addres	ss of principal office)
If limited liability company is a manager-managed	d company, check here  maging members or managers are as follows:  well, KS 66085
The name and usual business addresses of the man	naging members or managers are as follows:
Nucterra Holding: LLC, 7520 W. 160th St., Stc. 100, Stills	well, KS 66085
Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photrauslation of the certificate under eath of the translator must be	O days old, duly authenticated by the official having custody of motocopy is not acceptable. If the certificate is in a foreign language exhaulted.)
the jurisdiction under the law of which it is organized. (A photostation of the certificate under cash of the translator must be.  Nature of business or purposes to be conducted or	otocopy is not acceptable. If the certificate is in a foreign language be submitted.)
the jurisdiction under the law of which it is organized. (A photoastation of the cartificate under each of the translator must be	otocopy is not acceptable. If the certificate is in a foreign language be submitted.)

Nuctures Holding, LLC, Sole Member, by Daniel R. Tasset, its President and Manager

Typed or printed name of signee

FLOST - 2/13/03 CT Filing Manager College

#### Attachment to Florida

#### Nature of the LLC's Business

The purposes of the limited liability company are to (i) manage and otherwise engage in transactions with respect to ambulatory surgical centers and other healthcare facilities, and (ii) engage in any such lawful business which a limited liability company may pursue under the laws of Delaware and Florida.

SECRETARY OF STATE

## 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.

Nueterra Healt	icare Management, I	LC			
2. The name	and the Florida s	treet address	of the registered a	gent and office are	:
	C T Corporation	ı System			
	<del></del>		(Name)		
	c/o C.T.Comore	tion System (2	200 South Pine Island F	lord	ALL
	<del></del>		iress (P.O. Box <u>NOT</u> A		
	•			·	188
	- Plantation		FL 33324		
		(0	City/State/Zip)	:	
<b>***----</b>			_		
ciaving been i liability comp	namea as register: any at the place d	ed agent and esignated in t	to accept service of this certificate, I he	process for the ab reby accent the an	10ve stated limited nointment as
registered ag:	ent and agree to a	ct in this cape	acity. I fiarther agre	e to comply with t	he provisions of all
statutes relati accept the obj	ng to the proper a ligations of my no	nd complete ;	performance of my stered agent as prov	duties, and I am fa	miliar with and
С Т Сог <b>уб</b> гај <b>ф</b> г		l di regio	nerea agent as pro-	raea jor ut Chapte	r 900, F.S.
John	. J. Linge	Kam			
	(Signature)		<del></del>		_
ohn J. Lin	nihan, Asst.	Vice Presi	dent		
•		\$ 100.00	Filing Fee for A	polication	
	. 11	\$ 25.00	Designation of R	legistered Agent	• "
	. • •	<b>\$</b> 30.00	Certified Copy (	optional)	<b>V</b> .
		5 ·5.00	Certificate of Sta		

PAGE 1

# Delaware

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NUETERRA HEALTHCARE MANAGEMENT, 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 TWELFTH DAY OF DECEMBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 2808525

DATE: 12-12-03

3727175 8300

030801159