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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

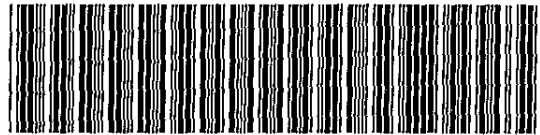
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AFFILIATED SURGERY CENTER GROUP, LLC

A Joint Venture between The Bloom Organization, LLC, and
Facility Development & Management, LLC

December 22, 2003

Florida Department of State
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

63 West Main Street
P. O. Box 6549
Freehold, NJ 07728
Tel: (732) 577-2900
Fax: (732) 577-0129

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TALLAHASSEE, FLORIDA

IN RE: Affiliated Surgery Center Group, LLC

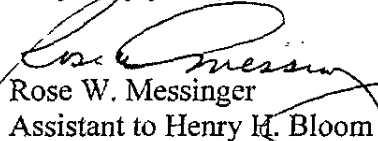
Dear Sir or Madam:

Enclosed are the following documents as required by Section 608.503 of the Florida Statutes:

1. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
2. Certificate of Designation of Registered Agent/Registered Office
3. State of New Jersey Certificate of Good Standing for the above-named limited liability company
4. This company's check No. 1011 in the amount of \$125.00 to cover filing fee for application and fee for designation of registered agent.

If you need additional information with regard to the enclosed, please let us know.

Very truly yours,


Rose W. Messinger
Assistant to Henry M. Bloom

rwm
Enclosures

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

*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. AFFILIATED SURGERY CENTER GROUP, LLC
(Name of foreign limited liability company)

2. New Jersey 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. April 2, 2003 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. December 11, 2003
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 4301 North Ocean Boulevard - Unit 803C
Boca Raton, FL 33431
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☐

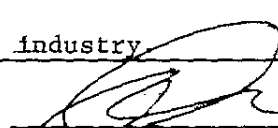
9. The name and usual business addresses of the managing members or managers are as follows:

Henry H. Bloom; 63 West Main Street; Freehold, NJ 07728

Edward Hetrick; 40 Ramland Road; Orangeburg, NY 10962

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: Management Consulting in
the healthcare industry


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.)

Henry H. Bloom - Managing Member

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

**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:

AFFILIATED SURGERY CENTER GROUP, LLC

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

Henry H. Bloom

(Name)

4301 North Ocean Boulevard - Unit 803C

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

Boca Raton

FL 33431

(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)

Henry H. Bloom - Managing Member

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

AFFILIATED SURGERY CENTER GROUP, LLC

600166275

With the Previous or Alternate Name

AMBULATORY SURGERY CENTERS OF AMERICA, LLC

(Previous Name)

*I, the Treasurer of the State of New Jersey,
do hereby certify that the above-named
New Jersey Domestic Limited Liability Company was
registered by this office on April 2, 2003.*

*As of the date of this certificate, said business
continues as an active business in good standing
in the State of New Jersey, and its Annual Reports
are current.*

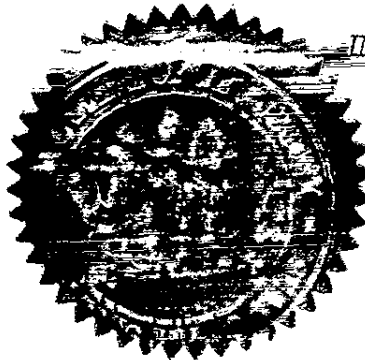
*I further certify that the registered agent and
registered office are:*

Neal Herstik, Esq.
Woodhull House
63 West Main Street P.O. Box 5008
Freehold, NJ 07728

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STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

AFFILIATED SURGERY CENTER GROUP, LLC



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
12th day of December, 2003

A handwritten signature in cursive script, appearing to read "John E. McCormac".

John E McCormac, CPA
State Treasurer