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FLORIDA RESEARCH & FILING SERVICES, INC.
1211 CIRCLE DRIVE
TALLAHASSEE, FL 32301
PHONE (850)656-6446

OFFICE USE ONLY

WALK-IN FILING

CORPORATION NAME

1. ENDOSCOPY & SURGICAL CENTER OF ORLANDO, LLC

CHECK # 1407

AMOUNT \$155.00

PLEASE RETURN THE FOLLOWING:

XXX CERTIFIED COPY

___ CERTIFICATE OF GOOD STANDING / STATUS

DOCUMENT TYPE:

___ NEW FILING

___ AMENDMENT

XXX REGISTRATION / QUALIFICATION

___ OTHER _____

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Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

December 8, 2004

FLORIDA RESEARCH & FILING SERVICES, INC.

TALLAHASSEE, FL

SUBJECT: ENDOSCOPY & SURGICAL CENTER OF ORLANDO, LLC
Ref. Number: W04000044894

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04 DEC -8 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ENDOSCOPY & SURGICAL CENTER OF ORLANDO, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$155.00 payment.

Please list the NAMES and ADDRESSES of the MANAGING MEMBERS or MANAGERS in Item 9.,

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) 245-6914.

Buck Kohr
Document Specialist

Letter Number: 504A00068705

* RESUBMITTING W/ CORRECTIONS - PLEASE RETAIN
ORIGINAL SUBMISSION DATE: 12-8-04

RECEIVED
04 DEC -9 PM 4:51
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
04 DEC -8 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Endoscopy & Surgical Center of Orlando, LLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Linda Zoeller
(Name of Person)

Surgis, Inc.
(Firm/Company)

30 Burton Hills Blvd, Suite 450
(Address)

Nashville, TN 37215
(City/State and Zip Code)

For further information concerning this matter, please call:

Linda Zoeller at (615) 312-5577
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

FILED
04 DEC -8 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. Endoscopy & Surgical Center of Orlando, LLC
(Name of Foreign Limited Liability Company)

2. Tennessee
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 20-1959094
(FEI number, if applicable)

4. 12/6/04
(Date of Organization)

5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 110 W. Underwood Street
Orlando, FL 32806
(Street Address of Principal Office)

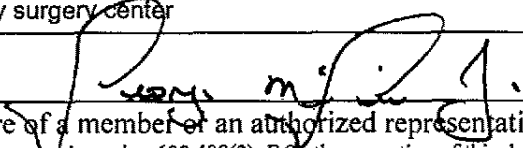
8. If limited liability company is a manager-managed company, check here ☐

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

George P. McGinn, Manager, 30 Burton Hills Blvd., Suite 450, Nashville, TN 37215

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: Own and operating ambulatory surgery center


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.)
George P. McGinn, Jr.
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.

1. The name of the Limited Liability Company is:

Endoscopy & Surgical Center of Orlando, LLC

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

NRAI Services, Inc.

(Name)

526 E. Park Avenue

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee

FL 32301

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, Florida Statutes.

NRAI Services, Inc.

By: Eileen Chaddock

Eileen Chaddock (Signature)

Special Assistant Secretary

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

ISSUANCE DATE: 12/06/2004
REQUEST NUMBER: 5294-0112B
TELEPHONE CONTACT: (615) 741-6488
CHARTER/QUALIFICATION DATE: 12/06/2004
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0482405
JURISDICTION: TENNESSEE

TO:
LINDA ZOELLER
119 SUGAR TREE LN
GALLATIN, TN 37066

REQUESTED BY:
LINDA ZOELLER
119 SUGAR TREE LN
GALLATIN, TN 37066

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"ENDOSCOPY & SURGICAL CENTER OF ORLANDO, 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.

FOR: REQUEST FOR CERTIFICATE

FROM:
LINDA S. ZOELLER
119 SUGAR TREE LN.
GALLATIN, TN 37066-0000



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE