

Division of Corporations

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Page 1 of 1

2005 OCT 18 A 9:55

Florida Department of State  
Division of Corporations  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : THE KIRWAN LAW FIRM  
Account Number : I20020000151  
Phone : (407) 210-6622  
Fax Number : (407) 540-9484

2<sup>nd</sup> REQUEST

NOTE: We faxed both of the attached Qualification documents this morning; however, one fax was kicked back and we don't know which one since we use J2 [internet based fax]. Therefore, we have attached both Qualifications for filing.

TNR

## FOREIGN LIMITED LIABILITY COMPANY

FLORIDA AMBULATORY CENTERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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**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. FLORIDA AMBULATORY CENTERS, LLC

(Name of foreign limited liability company)

2. Delaware(Jurisdiction under the law of which foreign limited liability  
company is organized)3. 20-3638258

(FEI number, if applicable)

4. October 13, 2005

(Date of Organization)

5. 2050(Duration: Year limited liability company will cease to  
exist or "perpetual")6. Upon qualification

(Date first transacted business in Florida. (See sections 608.501, 608.502, and §17.153, F.S.))

7. 1950 Lee Road, Suite 208Winter Park, Florida 32789

(Street address of principal office)

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

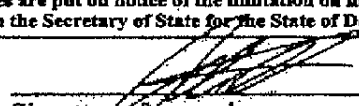
## 9. The name and usual business addresses of the managing members or managers are as follows:

IDJB Investments, LLC1950 Lee Road, Suite 208Winter Park, Florida 32789

## 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: Ambulatory Centers

All persons and entities are put on notice of the limitation on liabilities of a series as referenced in the Certificate of Formation on file with the Secretary of State for the State of Delaware and as set forth in 6 Del. C. 18-215

  
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.)

Adam O. Kirwan

Typed or printed name of signer

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

FLORIDA AMBULATORY CENTERS, LLC

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

Adam O. Kirwan

(Name)

4700 Millenia Blvd., Suite 175

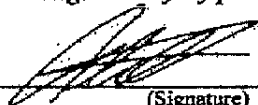
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Orlando

FL 32839

(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)

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# Delaware

*The First State*

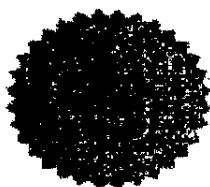
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FLORIDA AMBULATORY CENTERS, 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 FOURTEENTH DAY OF OCTOBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "FLORIDA AMBULATORY CENTERS, LLC" IS A SERIES LIMITED LIABILITY COMPANY.



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 4226372

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DATE: 10-14-05  
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