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SECRETARY OF STATE SECRETARY OF STATE

500 World Trade Center • Norfolk, Virginia 23510 • Office 757.446.8600 • Fax 757.446.8670

December 19, 2006

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

Re:

Surgical Manager, LLC Our File No. 32561.0001

Dear Sir or Madam:

Enclosed for filing on behalf of Surgical Manager, LLC, a Virginia limited liability company, are the following:

- 1. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
- Certificate of Designation of Registered Agent/Registered Office;
- Certificate of Fact issued by the Virginia State Corporation Commission on November 3, 2006; and
- 4. Our firm's check in the amount of \$125.00 payable to Florida Department of State for the filing fee.

Please call me if you have any questions about the enclosed documents.

Very truly yours,

VANDEVENTER BLACK LLP

Lisa Cabrera

Corporate Paralegal

Enclosures

cc: Richard S. Guy, Esquire (w/ enclosures)

COVER LETTER __

TO: Registration Section Division of Corporations			
SUBJECT: Sur	gical Manager, LLC		
	(Name of Limited Liability Company)		
7.7	eign Limited Liability Company for Authorization to Transand check are submitted to register the above referenced foress in Florida		
Please return all correspondence c	concerning this matter to the following:		
Lisa Cabrera,	Corporate Paralegal		
	(Name of Person)		
Vandeventer B	Hack LLP		g 7 mi
-	(Firm/Company)	· · · · · · · · · · · · · · · · · · ·	
101 W. Mair	Street, 500 World Trade Center (Address)		
	(Fiduress)	AT S	
Norfolk, VA 2	23510	DEC 26 CRETARY LAHASS	11
	(City/State and Zip Code)	355 74 75 76	*
For further information concerning	g this matter, please call:	OF STATE	3
Lisa Cabrera	at (757) 446-8544	₽m +	
(Name of Po	erson) (Area Code & Daytime Telephone N	umber)	
MAILING ADDRESS.	STREET ADDRESS:		
MAILING ADDRESS: Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the followi ☐ \$125.00 Filing Fee ☐ \$13	30.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing F	Fee, Certific us & Certifi	

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:

Surgical Manager, LLC		
(Name of Foreign Limi	ited Liability Company)	
 Virginia (Jurisdiction under the law of which foreign limited liabi company is organized) 	3. (FEI number, if applicable)	<u>.</u> .
4. December 3, 2002 (Date of Organization)	5. Perpetual (Duration: Year limited liability company will cease exist or "perpetual")	: to
(Date first transacted business (See sections 608.501 & 608.502	in Florida, if prior to registration.) 2 F.S. to determine penalty liability)	<u> </u>
Chesapeake, VA 23320		
	dress of Principal Office)	-
3. If limited liability company is a manager-mana	EC EC	
D. The name and usual business addresses of the	FT-	\$
Tricia G. Mercer, Managing Member	حقس وتي بالم	
5401 South Crescent Drive	STATIL ORIUM	
Tampa, FL 33611		
Ţ ,	on 90 days old, duly authenticated by the official having custody of tocopy is not acceptable. If the certificate is in a foreign language e submitted.)	
1. Nature of business or purposes to be conducted	ed or promoted in Florida:	
Medical billing		• .
(In accordance with section 608.408) an affirmation under the penalties of	n authorized representative of a member. (3), F.S., the execution of this document constitutes of perjury that the facts stated herein are true.)	
Tricia G. Mercer, Man		÷
Typed or pri	inted 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:		
Surgical Manager, LLC		٠.
2. The name and the Florida street address of the registered agent and office are:	TA'S O	
Tricia G. Mercer	06 DEC ; SECRETA	Carrie
(Name) 5401 South Crescent Drive	DEC 26 PH : RETARY OF S AHASSEE FL	1 (All 1997)
Florida Street Address (P.O. Box NOT ACCEPTABLE)	2: 44 STATE ORIDA	la compa

33611

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.

City/State/Zip

Tampa

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Commonwealth & Hirginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

A certificate of organization was issued by the Commission to Surgical Manager, LLC, a limited liability company formed under the laws of VIRGINIA, effective as of December 03, 2002.

As of the date below, articles of cancellation have not been filed in this office by Surgical Manager, LLC, a Virginia limited liability company.

Nothing more is hereby certified.

06 DEC 26 PH 2: 44
SECRETARY OF STATE



Signed and Sealed at Richmond on this Date: November 3, 2006

Joel H. Peck, Clerk of the Commission