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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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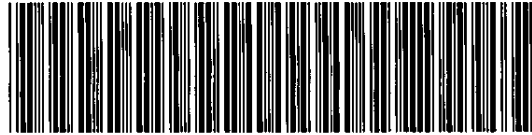
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

07 FEB 26 PM 12:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 774733 7545610

AUTHORIZATION

COST LIMIT : \$ 125.00

FILED  
07 FEB 26 PM 12:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : February 26, 2007

ORDER TIME : 9:56 AM

ORDER NO. : 774733-005

CUSTOMER NO: 7545610

FOREIGN FILINGS

NAME: NOVAMED SURGERY CENTER  
OF CORAL SPRINGS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan -- EXT# 2955

EXAMINER: \_\_\_\_\_

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. NOVAMED SURGERY CENTER OF CORAL SPRINGS, LLC  
(Name of Foreign Limited Liability Company)
2. DELAWARE 3. 20-8500619  
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)
4. 02/23/2007 5. PERPETUAL  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. UPON FILING  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 980 NORTH MICHIGAN AVENUE, #1620 CHICAGO ILLINOIS 60611  
CHICAGO, ILLINOIS 60611  
(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:

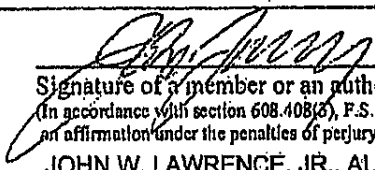
NOVAMED ACQUISITION COMPANY, INC.

980 NORTH MICHIGAN AVENUE, #1620 CHICAGO

ILLINOIS 60611

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 SURGERY  
CENTER

  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(5), F.S., the execution of this document constitutes  
an affirmation under the penalties of perjury that the facts stated herein are true.)

JOHN W. LAWRENCE, JR., AUTHORIZED REPRESENT.

Typed or printed name of signee

FILED  
07 FEB 26 PM 12:57  
TALLAHASSEE, 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.

1. The name of the Limited Liability Company is:

NOVAMED SURGERY CENTER OF CORAL SPRINGS, LLC

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

Corporation Service Company

(Name)

1201 Hays Street

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.*

Corporation Service Company

By:

Ann R. Shilling, Asst V P.

(Signature)

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

# Delaware

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## *The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NOVAMED SURGERY CENTER OF CORAL SPRINGS, 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 TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NOVAMED SURGERY CENTER OF CORAL SPRINGS, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF FEBRUARY, A.D. 2007.

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



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

4306545 8300

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AUTHENTICATION: 5459481

DATE: 02-26-07