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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

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Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company West Coast Endoscopy Holdings, LLC

| Certificate of Status | 0 |
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J. BRYAN

JUN 1 0 2010

EXAMMER

COVER LETTER

| SUBJECT: | We | st Coast Endoscopy Holdings, LLC | | |
|----------------------------------|--------------------------|---|--|---|
| | | Name of Limited Liability Company | | |
| ixistence, and check a | re submitted to register | d Liability Company for Authorization to Tran the above referenced foreign limited liability | nsact Business in Fl company to transac | orida," Certificate of t business in Florida |
| tome tourn an contest | concentra concestous a | nis matter to the following: | | |
| | | Darryl Jacks | | |
| | | Name of Person | | |
| | | | | 医伤 百 |
| - | | Surgical Care Affiliates, LLC | | |
| • | | Firm/Company | | THE PARTY OF STATE |
| | | 3000 Riverchase Galleria, Suite 500 | | |
| | | Address | | 一员宝玉 |
| | | | | 70 0 |
| **** | | Birmingham, Alabama 35244 | | _ 35 2 |
| | | City/State and Zip Code | | |
| , | E-mail addres | ss: (to be used for future annual report notifice | stion) | |
| r further information o | onceming this matter, p | please call: | | |
| | Darryl Jacks | at (205) | 545-2738 | |
| | Name of Person | Area Code & Daytime Telephone No | nnper | |
| MAILING ADI | | STREET ADDRESS: Division of Corporations | | |
| Registration Sec | | Registration Section | | |
| P.O. Box 6327 Tallahassee, FL | 27214 | Clifton Building 2661 Executive Center Circle | | |
| Immasoc, I'L | <i>323</i> 14 | Tallahassec, FL 32301 | | |
| | | | | |

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

IN COMPLIANCE WITH SPICTION 608.508, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: West Coast Endoscopy Holdings, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 06/08/2010 Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608,501 & 608.502 F.S. to determine penalty liability) 7. 3000 Riverchase Galleria, Suite 500, Birmingham, AL 35244 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows: 3000 Riverchase Galleria, Suite 500, Birmingham, AL 35244 Andrew P. Hayek Joseph T. Clark 3000 Riverchase Galleria, Suite 500, Birmingham, AL 35244 Richard L. Sharff, Ir. 3000 Riverchase Galleria, Suite 500, Birmingham, AL 35244 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 cath of the translator must be submitted.) Holding Company 11. Nature of business or purposes to be conducted or promoted in Florida: ____ Signature of a member or an authorized representative of a member.

(In accordance with sention 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated hardin are true.)

Jody B. Martin, Authorized Representative

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 PLORIDA.

| The name of the Limited Liability Company is: West Coast Bndoscopy Holdings, LLC | |
|--|-------------|
| If unavailable, the alternate to be used in the state of Florida is: | |
| 2. The name and the Florida street address of the registered agent and office are: | 一覧を工 |
| C T Corporation System | 1 6 E |
| (Name) | |
| 1200 South Pine Island Road | |
| Florida Sueet Address (P.O. Box NOT ACCEPTABLE) | 至 ? |
| Plantation FL 33324 | \$4. |
| 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.

C T Corporation System

(Signature)
Danny Verdecchla, Jr. Asst. Secretary

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WEST COAST ENDOSCOPY HOLDINGS, 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 NINTH DAY OF JUNE, A.D. 2010.

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

10 18 W 6-NIF OF

4833869 8300

100643106

You may verify this certificate online at corp. delaware, gov/authver. shuml

AUTHENTY CATION: 8044506

DATE: 06-09-10