

# M11000001803

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : FLORIDA FILING & SEARCH SERVICES  
Account Number : I20000000189  
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**Foreign Limited Liability Company**  
**AmSurg New Port Richey Anesthesia, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 04       |
| Estimated Charge      | \$155.00 |

**C. LEWIS**

APR 12 2011

**EXAMINER**

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April 8, 2011

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
FLORIDA FILINGS & SEARCH SERVICES

SUBJECT: AMSURG NEW PORT RICHEY ANESTHESIA, LLC  
REF: H11000093187

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

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Diane Cushing  
Regulatory Specialist II Supervisor  
FAX Aud. #: H11000093187  
Letter Number: 911100008612

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P.O. BOX 6327 - Tallahassee, Florida 32314

H11000094269

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AmSurg New Port Richey Anesthesia, 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:

Margaret Alexander

(Name of Person)

Bass, Berry & Sims PLC

(Firm/Company)

150 3rd Avenue South, Suite 2800

(Address)

Nashville, TN 37201

(City/State and Zip Code)

For further information concerning this matter, please call:

Margaret Alexander

(Name of Person)

at (815 ) 258-6721

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

STREET ADDRESS:  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

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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 TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:*

1. AmSurg New Port Richey Anesthesia, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," "LLC.")

2. Tennessee 3. 27-3884096  
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. November 2, 2010 5. perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

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

7. 20 Burton Hills Blvd., 5th Floor  
Nashville, TN 37215  
(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:

AmSurg Holdings, Inc., 20 Burton Hills Blvd., 5th Floor, 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 operate

anesthesia business

Christopher R. Kelly

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.)

Christopher R. Kelly

Typed or printed name of signer

2011 APR - 8 AM 7:05  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# **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:

AmSurg New Port Richey Anastasia, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

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

NRAI Services, Inc.

(Name)

515 East 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

(Signature)

Eileen Chaddock  
Special 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) |

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**STATE OF TENNESSEE**  
**Tre Hargett, Secretary of State**  
**Division of Business Services**  
William R. Snodgrass Tower  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**CFS**  
**992 DAVIDSON DRIVE**  
**SUITE B**  
**Nashville, TN 37205**

April 7, 2011

**Request Type: Certificate of Existence/Authorization**  
**Request #: 0035802**

**Issuance Date: 04/07/2011**  
**Copies Requested: 1**

**Document Receipt**

**Receipt #: 437839** **Filing Fee: \$20.00**  
**Payment-Check/MO - CFS, Nashville, TN** **\$20.00**

|  |  |
|--|--|
| <b>Regarding: AmSurg New Port Richey Anesthesia, LLC</b> | <b>Control #: 643634</b>                   |
| <b>Filing Type: Limited Liability Company - Domestic</b> | <b>Date Formed: 11/02/2010</b>             |
| <b>Formation/Qualification Date: 11/02/2010</b>          | <b>Formation Location: Davidson County</b> |
| <b>Status: Active</b>                                    | <b>Inactive Date:</b>                      |
| <b>Duration Term: Perpetual</b>                          |  |

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the Issuance date noted above:

**AmSurg New Port Richey Anesthesia, LLC**

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent corporation annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

  
Tre Hargett  
Secretary of State

Processed By: Nichole Hambrick

Phone 615-741-6488 \* Fax (615) 741-7310 \* Website: <http://tnbear.tn.gov/>

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