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Tor

Division of Corporations

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Foreign Limited Liability Company LSI HoldCo LLC

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C. LEWIS

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EXAMINER

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12/14/2012

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CT CORPORATION

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COVER LETTER

ïO:	Registration Section Division of Corporations				
SUBJE	LSI HoldCo LLC				
	Na	me of Limited Liability Company			
The end Existen	closed "Application by Foreign Limited Liab ice, and check are submitted to register the ol	sility Company for Authorization to To bove referenced foreign limited liabili	ransact Business in Florida," Certificate of ty company to transact business in Florida		
Please :	return all correspondence concerning this ma	atter to the following:			
	Dotty J. Bollinger				
		Name of Person			
	Laser Spine Institute				
	Firm/Company				
	3001 N. Rocky Point E, Suite 340	1			
	Address				
	Tampa, FL 33607	Tampa, FL 33607			
		City/State and Zip Code			
	dbollinger@laserspineinstitute.com	n .			
	E-mail address: (to be used for future annual report not	ification)		
For furt	ther information concerning this matter, plea	se call:			
	Dotty Bollinger	813 289-90 8t ()	613		
	Name of Person	Area Code & Daytime Telephon	ne Number		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tullahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclos	sed is a check for the following amou \$\mathbb{B}\$ \$125.00 Filing Fee \$\mathbb{D}\$ \$130.00 Filing Certificate of	g Fcc & 🔲 \$155.00 Filing Fcc &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy		

FL05? - 12/03/2012 Wellers Klewer Daline

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

IN COMPLIANCE WITH SECTION 608:503, FLORIDA STATUTES, THE FULLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. LSI HoldCo 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 consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabili	Aritten Iy
Company," "L.L.C," "LLC.")	
2. Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. December 5, 2012 5. perpetual	
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
6. Upon registration	21 21
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	1012 C
7. 3031 N. Rocky Point Drive E., Suite 300	1 330 MBI OF CO
Tampa, FL 33607	2012 DEC 14 AM 8: 30
(Street Address of Principal Office)	
· · · · <u>_</u>	<u>α</u>
8. If limited liability company is a manager-managed company, check here	ယ္ခ
9. The name and usual business addresses of the managing members or managers are as follows:	٠,
Horne Management, Inc.	
3031 N. Rocky Point Drive E., Suite 300, Tampa FL 33607	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of rethe 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.)	cords in
11. Nature of business or purposes to be conducted or promoted in Florida: SEE	
ATTACHMENT A	
Guand Wallet	•
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree fellony as provided for in s.817.155, F.S.)	
Raymond plonteleone Typed or printed name of signee	
Typed or printed name of signee	

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Attachment A

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

LSI HoldCo LLC

11. To directly or indirectly through one or more subsidiaries, perform any and all activities that are customary to the business of providing health care and/or surgery related services (including providing consulting, management and other services to any health care and/or surgery related businesses), financing, selling and purchasing company or subsidiary assets, and any and all lawful business related thereto.

SECRETARY OF STATE OF CORPORATE THE BOTH OF CORPORATE THE BOTH OF THE BOTH OF

GENBUS/899163.1

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 Liai LSI HoldCo LLC	oility Company is:	,
If unavailable, the alternate to be	used in the state of Florida is:	
2. The name and the Florida stre	eet address of the registered agent and office are:	
	C T Corporation System	201VISE 201VISE
	(Name)	SECRETARY SUPPOEC 14
•	1200 South Pine Island Road	工 電影
Flor	(da Street Address (P.O. Box NOT ACCEPTABLE)	
Plantation	FL 33324	8: 33 31
	City/State/Zip	45

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.

CT Corporation System onnie Bryan

(Signature)

CT Corporation System

(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, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LSI HOLDCO 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 THIRTEENTH DAY OF DECEMBER, A.D. 2012.

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

5253193 8300

121336840

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

AUTHENTICATION: 0065103

DATE: 12-13-12