

M14000005408

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

RE-SUBMIT

From: Account Name : C T CORPORATION SYSTEM
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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.****

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RECEIVED
14 JUL 30 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
Tampa Minimally Invasive Spine Surgery Center, LLC

Certificate of Status	0
Certified Copy	0
Page Count	057
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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7/30/2014 13:45:27 From: To: 8506176383

(3/7)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TAMPA MINIMALLY INVASIVE SPINE SURGERY CENTER, 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:

Melissa Szabad, Esq.

Name of Person

McGuire Woods, LLP

Firm/Company

77 West Wacker Drive, Suite 4100

Address

Chicago, Illinois 60601

City/State and Zip Code

JayR@bluechipsurgical.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David C. Hinton

Name of Contact Person

at (312) 750-6019

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
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

850-617-6381

7/30/2014 8:50:48 AM PAGE 1/001 Fax Server



July 30, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: TAMPA MINIMALLY INVASIVE SPINE SURGERY CENTER, LLC
REF: W14000046481

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

FAX Aud. #: H14000179134
Letter Number: 014A00016263

RECEIVED
14 JUL 30 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE-SUBMIT
Please retain original filing
date of submission 7/29

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

**IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:**

1. TAMPA MINIMALLY INVASIVE SPINE SURGERY CENTER, 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. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

47-1211888

(FEI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5329 Primrose Lake Circle

Tampa, Florida 33647

(Street Address of Principal Office)

6. 4760 Red Bank Expressway, Suite 222

Cincinnati, Ohio 45227

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

See Attached Exhibit A

8. 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)

Signature of an authorized person

(In accordance with section 605.0203, 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 felony as provided for in §817.155, F.S.)

Jay Rom, Authorized Person

Typed or printed name of signee

EXHIBIT A
TO
FOREIGN LIMITED LIABILITY COMPANY
AUTHORIZATION TO TRANSACT BUSINESS
FOR
TAMPA MINIMALLY INVASIVE SPINE SURGERY CENTER, LLC

7. The names, titles and addresses of the persons who have the authority to manage are:

Philip Henkin, M.D.	Class A Manager	5329 Primrose Lake Circle Tampa, FL 33647
Willem J. Nel, M.D.	Class A Manager	5329 Primrose Lake Circle Tampa, FL 33647
Dario Grisales, M.D.	Class A Manager	5329 Primrose Lake Circle Tampa, FL 33647
Devanand Mangar, M.D.	Class A Manager	5329 Primrose Lake Circle Tampa, FL 33647
Jeff Walker, M.D.	Class A Manager	5329 Primrose Lake Circle Tampa, FL 33647
Jay Rom	Class B Manager	5329 Primrose Lake Circle Tampa, FL 33647

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

Tampa Minimally Invasive Spine Surgery Center, 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:

C T Corporation System

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation

33324

FL

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 605, Florida Statutes.



Kristin Bolden
Assistant Secretary

(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

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TAMPA MINIMALLY INVASIVE SPINE SURGERY CENTER, 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-EIGHTH DAY OF JULY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5389852 8300

141004697

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1572329

DATE: 07-28-14