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| (Requestor's Name) | |
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| (Business Entity Name) | |
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| (Document Number) | |
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| Certified Copies Certificates of Status | |
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| Special Instructions to Filing Officer: | |
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D. SCOTT FEB 2 0 2017

SUNSHINE CORPORATE

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3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724 850-508-1891 (cell)

Date: 17 2

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| Plain Copy: | | |
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Thank you!

COVER LETTER

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TO: Registration Section Division of Corporations

AmSurg FCHN ASC Ventures, LLC

SUBJECT:

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

Firm/Company

150 3rd Avenue South Ste 2800

Address

Nashville, TN 37291

City/State and Zip Code

kwilliams@amsurg.com

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

For further information concerning this matter, please call:

| | | _ at (|) | | | | |
|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------|---------------------|-------|
| Name o | of Contact Person | Area Code | Day | time Telephone Numb | er | | |
| MAILING ADDRESS: Division of Corporation: Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | | Division Registrati Clifton B 2661 Exe | ADDRESS: of Corporations ion Section uilding scutive Center Circle see, FL 32301 | ECRETICA (17) | FEB 17 12 | FILED |
| Enclosed is a check for the follow | ving amount: D \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filin Certified Copy | g Fee & | □ \$160.00 Filing Fe of Status & Certified | e, Certific | င့ာ دے ate دے | |

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBVILITED TO REGISTER A FOREICE. THE CONTROL OF REPORT COMPANY TO TRANSACT BUSINESS' IN THE STATE OF FLORIDA:

L. AMSURG FCHN ASC VENTURES, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

| | | 3 | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| Delaware Jurisdiction under the law o company is organized) | of which foreign limited liability | (FEI number, if applicable) | |
| upon qualification | | | |
| | (Date first transacted business) (See sections 605.0904 & 605.090 | n Florida, if prior to registration.) 15, F.S. to determine penalty liability) | |
| IA Burton Hills Blvd. | · | | |
| Nashville, TN 37215 | | | |
| | (Street Address of Prin | cipal Office) | |
| IA Burton Hills Blvd. | <u> </u> | | |
| Nashville, TN 37215 | | | |
| | (Mailing Add | | |
| Name and street addres | s of Florida registered agent: (P.O. | Box NOT acceptable) | |
| Name: | NRAI Services, Inc. | | |
| Office Address: | 1200 South Pine Island Road | | |
| 0 | Plantation | , Florida (Zip code) | |
| | (City) | (Zip code) | |
| Registered agent's accep | interest account and to account service | e of process for the above stated limited liabili | ty company at the pia |
| Taving been named as re- tesignated in this applica- to comply with the provision accept the obligations of the S. The name, title or capa | gistered agent and to accept servic tion, I hereby accept the appointm ons of all statutes relative to the pr my position as registered agent. NRA Services, Inc. By: Natalie Leiba-Pau acity and address of the person(s) w | e of process for the ubove stated limited liabili ent as registered agent and agree to act in this oper and complete performance of my duties, of agent's signature) 11, Assistant Secretary tho has/bave authority to manage is/are: | CHANNEL TANKING A |
| Taving been named as re- tesignated in this applica- to comply with the provision accept the obligations of the S. The name, title or capa AmSurg Holdings, Inc., M | gistered agent and to accept servic tion, I hereby accept the appointm ons of all statutes relative to the pr my position as registered agent. NRA Services, Inc. By: Natalie Leiba-Pau acity and address of the person(s) w | oper and complete performance of my duties, Daule Dagent's signature) 11, Assistant Secretary | Culture in a function of the |
| Taving been named as re- tesignated in this applica- to comply with the provision accept the obligations of the S. The name, title or capa | gistered agent and to accept servic tion, I hereby accept the appointm ons of all statutes relative to the pr my position as registered agent. NRA Services, Inc. By: Natalie Leiba-Pau acity and address of the person(s) w | oper and complete performance of my duties, Daule Dagent's signature) 11, Assistant Secretary | Culture in a function of the |

Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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 s.817.155, F.S.

Clint Cromwell, VP of AmSurg Holdings, Inc., Manager

Typed or printed name of signee



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMSURG FCHN ASC VENTURES, 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 SEVENTEENTH DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMSURG FCHN ASC VENTURES, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF JANUARY, A.D. 2017.

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





Authentication: 202058496 Date: 02-17-17

6293281 8300

SR# 20171010268 You may verify this certificate online at corp.delaware.gov/authver.shtml