

M17000002927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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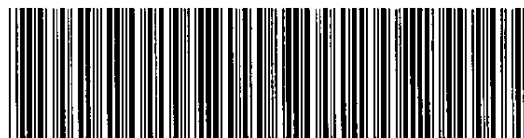
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APR 06 2017

SUNSHINE CORPORATE

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date:

4-5-17

Name:	Anesthesia Associates of Ocala
Document #:	LLC
Order #:	Maggie (Paramet)

Certified Copy of Arts & Amend:				
Plain Copy:				
Certificate of Good Standing:				
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Ref#	_____

Amount: \$ 125.00

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Anesthesia Associates of Ocala, 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

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 of Contact Person 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

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

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

1. Anesthesia Associates of Ocala, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Tennessee

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

3.

(FEI number, if applicable)

4. upon qualification

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

5. 1A Burton Hills Blvd.

Nashville, TN 37215

(Street Address of Principal Office)

6. 1A Burton Hills Blvd.

Nashville, TN 37215

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(City)

(Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: NRAI Services, Inc. Natalie Leibn-Paul
(Registered agent's signature)

Natalie Leibn-Paul, Assistant Secretary

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

The Ocala Endoscopy ASC, L.P., member

1A Burton Hills Blvd.

Nashville, TN 37215

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

[Signature]
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 The Ocala Endoscopy ASC, L.P., member

Typed or printed name of signee



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

CFS
SUITE B
992 DAVIDSON DRIVE
NASHVILLE, TN 37205

March 30, 2017

Request Type: Certificate of Existence/Authorization
Request #: 0233360

Issuance Date: 03/30/2017
Copies Requested: 1

Document Receipt

Receipt #: 003270221

Filing Fee: \$20.00

Payment-Account - #00009 CFS, NASHVILLE, TN

\$20.00

Regarding: Anesthesia Associates of Ocala, LLC

Filing Type: Limited Liability Company - Domestic

Control #: 777928

Formation/Qualification Date: 11/12/2014

Date Formed: 11/12/2014

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: DAVIDSON COUNTY

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

Anesthesia Associates of Ocala, 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 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: Sheila Keeling

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