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From:						
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	Account Number : FCA0000000023					
	Phone : (614)282-3338					
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Corporate Filing Menu

1.5.

Electronic Filing Menu

FAX COVER SHEET

TO		
COMPANY		
FAXNUMBER	18506176383	
FROM	Kimberly Laughrey	
DATE	2017-07-26 12:53:08 CST	
RE	Gastrointestinal Center of Hialeah, LLC	

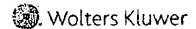
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COVER MESSAGE

Thank You,

Nicole Diffenbaugh Fulfillment Specialist CT Corporation

Team (614) 280-3338
GlobalFulfillmentTeam@wolterskluwer.com



1209 N Orange Street Wilmington, DE 19801 www.wolterskluwer.com

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

IN COMPLIANCE WITH SECTION 605.0702, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: GASTROINTESTINAL CENTER OF HIALEAH, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "FLC.") Chains may allaste, once digitate famine adopted by the purpose of transacting mainers at Florids. The attenuate many quantification "Launted Gibility Company," "L.L.C," or "H.C,") DELAWARE (Jarket entire under the task of which foreign limited liability company is organized) (FLi namber, if applicable) JULY 25, 2017 (Date first transacted business in Florida, if ortor to registration.) (See sections 605,000 t & 605,000 f, F.S. to determine penalty hability.) 135 W 49TH STREET 135 W 49TH STREET (Street Address of Principal Office) (Mailing Address) HIALEAH, FL 33013 HIALEAH, FL 33012 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CT Corporation System Name: 1200 South Pine Island Road Office Address: Plantation 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. Agnar B. Agnes Broszczak, Asst. Secretary (Registered (gent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Hialeah Physician Holdco, LEC Sole Member 135 W 49TH STREET HIALEAH, FL 33012 (Use attachments if necessary) 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) 10. This document is executed in accordance with section 605.020% (1) (b), Fforda 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 \$.817.155, F.S. Orlando F. Torres, M.D. President Typed or printed name of vigical



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GASTROINTESTINAL CENTER OF HIALEAH,

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-SIXTH DAY OF JULY, A.D. 2017.

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

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SR# 20175425630

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

Authentication: 202953676

Date: 07-26-17