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O SHMMONS DEC 14 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO.	:	120000000195

REFERENCE: 952807 7509084

AUTHORIZATION

COST LIMIT : (\$ 125.00

ORDER DATE: December 12, 2017

ORDER TIME : 9:34 AM

ORDER NO. : 952807-015

CUSTOMER NO: 7509084

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FOREIGN FILINGS

NAME: AMSURG, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO: Registration Section

Divisi	on of Corporatio	ns				
A SUBJECT:	mSurg, LLC					
_		Name of	Limited Liability (Company		
The enclosed "A Existence, and	Application by For check are submitte	reign Limited Liability Comp ed to register the above refer	pany for Authoriza enced foreign limi	ition to Tra ted liabilit	insact Business in Florida," y company to transact busin	Certificate of ess in Florida.
Please return al	l correspondence	concerning this mutter to the	following:			
	Lynne Liko					
	-	N	ame of Person			
	Envision Healt	heare Corp				
		Fi	mn/Company			
	1A Burton Hill	s Boulevard				
			Address			
	Nashville, TN	37215				
		City/S	tate and Zip Code			
	Lynne.Liko@ev	hc.net				
		E-mail address: (to be used	l for future annual	report not	ification)	
For further info	rmation concernin	g this matter, please call:				
Lynne	Liko		303 at (495-12		
	Name (of Contact Person	Area Code	Day	time Telephone Number	
Divisio Registi P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314			Division Registrate Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding icutive Center Circle ee, FL 32301	
	eck for the follow 5.00 Filing Fee	ing amount: \$\infty\$ \$\frac{1}{2}\$ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop	

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

IN COMPILANCE WITH SECTION 605.0002, FLORIDA STATUTES THE POLITIMANG IS SUBMITTED TO REGISTER A FOREIGN HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Delaware (Junisherien under the law of which) 01/01/2018 1A Burton Hills Boulevare (Street Address of Princy Nashville, TN 37215	Oreign hunded hability company is organized) (Date first timesacted business in Florida, if prior to (See sections (4)) (1884 & 605 (1805, F.S. to determ d		ber, if applicable)
01/01/2018 IA Burton Hills Boulevare (Street Address of Princy	(Date first transacted business in Florida, if prior to (See sections 605 0,884 & 605 0985, F.S. to determ		ber, if applicable)
I A Burton Hills Boulevare (Street Address of Princip	d	registration) are pensity liability)	
(Street Address of Frinci	d	registration) we punelty liability)	
(Street Address of Frincy	d		
(Street Address of Frinci		6. IA Burton Hills Boulevard	d
Nashville, 1N 37215	pg! Office)	(Mailing Ack	re22)
		Nashville, TN 37215	
		Attn: Legal Dept.	
	Florida registered agent: (P.O. Box orporation Service Company	NOT acceptable)	日常で
	201 Hays Street		
т	allahassee	, Florida 32301 (%) co	
÷	(City)	, Plottda (Z.p.co	de)
	my position as registered agent orporation Service Company	and complete performance of my	Roxann
	my position as registered agentorporation Service Company	eranne Dun	duties, and I am famili
Сс <u>В</u> у	my position as registered agent orporation Service Company	estante Dun	duties, and I am famili Roxann
Construction By The name, title or capacity	my position as registered agent proporation Service Company (Registered agent's and address of the person(s) who have	Lianul Dina surreture) as/have authority to manage is/are:	duties, and I am famili Roxann Asst. Vice
The name, title or capacity Title or Capacity:	my position as registered agent or porporation Service Company (Registered agent's and address of the person(s) who he Name and Address:	Lianul Dina surreture) as/have authority to manage is/are:	duties, and I am famili Roxann Asst. Vice
The name, title or capacity Title or Capacity:	my position as registered agent proporation Service Company (Registered agent's and address of the person(s) who has Name and Address: Craig Wilson TA Burton Hills Blvd	Lianul Dina surreture) as/have authority to manage is/are:	duties, and I am famili Roxann Asst. Vice

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AMSURG, 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 TWELFTH DAY OF DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMSURG, LLC" WAS FORMED ON THE FOURTH DAY OF OCTOBER, A.D. 2017.

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

6568634 8300 SR# 20177518068

Authentication: 203738320

Date: 12-12-17

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