

MI7000010584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

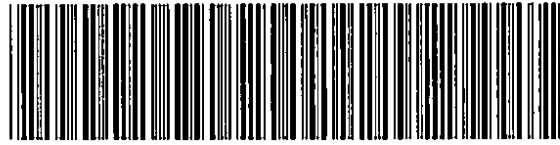
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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CALL MIASSISTANCE

DEC 13 30 A 3:11

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17 NOV 30 PM 4:28

OFFICE

D. SCOTT  
DEC 13 2017

922395-10



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 1, 2017

CSC

**RESUBMIT**

Please give original  
submission date as file date.

SUBJECT: PORT ST. LUCIE ANESTHESIA, LLC  
Ref. Number: W17000095263

We have received your document for PORT ST. LUCIE ANESTHESIA, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Dionne M Pijaux  
Regulatory Specialist

Letter Number: 017A00024227

FILED

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 11-18-11 BY UC/ALB/142

2017 DEC 14 11 30 AM  
45 25 11 300 1102

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 922395 7509084

AUTHORIZATION

*Lyndell Coleman*

COST LIMIT : \$ 125.00

ORDER DATE : November 20, 2017

ORDER TIME : 12:33 PM

ORDER NO. : 922395-010

CUSTOMER NO: 7509084

FOREIGN FILINGS

NAME: PORT ST. LUCIE ANESTHESIA, 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: \_\_\_\_\_

FILED  
NOV 30 A 3 41  
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Port St Lucie Anesthesia, 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:

Jennifer Davis

Name of Person

Firm/Company

Address

City/State and Zip Code

jdavis@amsurg.com

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

For further information concerning this matter, please call:

Jennifer Davis

615

665 6580

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

TALLAHASSEE, FL 32301

2007 NOV 30 AM 11:11

FILED

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. Port St Lucie Anesthesia, 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 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 1A Burton Hills Boulevard 6. \_\_\_\_\_  
(Street Address of Principal Office) (Mailing Address)  
Nashville, Tennessee 37215

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(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: Corporation Service Company

(Registered agent's signature)

Roxanne Turner

Roxanne Turner  
Asst. Vice President

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>VICE PRESIDENT</u>	<u>Justin Page</u> <u>1A Burton Hills Boulevard</u> <u>Nashville, Tennessee 37215</u>		

(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 605.0203 (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.

Justin Page  
Signature of an authorized person

Justin Page  
Typed or printed name of signer



**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

BONNY SEXTON  
BONNY SEXTON  
2711 CENTERVILLE RD.  
WILMINGTON, DE 19808

November 30, 2017

Request Type: Certificate of Existence/Authorization  
Request #: 0258740

Issuance Date: 11/30/2017  
Copies Requested: 1

**Document Receipt**

Receipt #: 003677719 Filing Fee: \$20.00  
Payment-Credit Card - State Payment Center - CC #: 3716149078 \$20.00

Regarding:	Port St Lucie Anesthesia, LLC	Control #:	934129
Filing Type:	Limited Liability Company - Domestic	Date Formed:	11/29/2017
Formation/Qualification Date:	11/29/2017	Formation Locale:	TENNESSEE
Status:	Active	Inactive Date:	
Duration Term:	Perpetual		
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

**Port St Lucie Anesthesia, 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 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: Cert Web User

Verification #: 025301724