Division of Corporations

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Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

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Foreign Limited Liability Company Surgical Monitoring Services, LLC

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Affidavit

Surgical Monitoring Services, Inc. a Delaware profit corporation (F17000001307) dissolved on or about 2/6/2018, hereby states and affirms it has no intention of revoking the dissolution and releases use of the corporate name for use by another entity.

Surgical Monitoring Services, Inc.

Print Name: \

Print Title:

rney in-fact

Date: Ud Do 10

TILTU 200 FEB -7 A D 1

Corporate Creations International Inc. 11380 Prosperity Farms Road #221E Palm Beach Gardens FL 33410 (561) 694-8107

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

71.

IN COMPLIANCE WITH SECTION 605,09G2, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Surgical Monitoring Se	rvices, LLC	100 to 6 100 27(1 () " with (((")	
(Name of Foreign	Limited Liability Company; must include "Limite	ed Linbility Company, LLC., or ECC.)	
(If name unovailable, enter Altamate N	ame adopted for the purpose of nanopeling business in Fig.	orlds. The alternate name must include "Limited Liability Company," "L.L.	C," or "T,LC.")
2. Delaware		3.	
(Judiediction under the law of wi	nich übreign länkted Mability company is organized)	(PEI manker, if significable)	
		a c Claud + F	
4	(Date first transacted business in Florids, if prior to (See sections 505 0904 & 605,0905, F.S. to determ	o registration.)	
5 3100 WEST END AV		6. 3100 WEST END AVENUE, SUITE 800	
5. Street Address of F	Principal Office)	(Making Address)	
NASHVILLE, TN 372	203	NASHVILLE, TN 37203	
	ss of Florida registered agent: (P.O. Box Corporate Creations Network Inc.	x NOT acceptable)	
Name:			
Office Address:	11380 Prosperity Farms Road #221E		_
	Palm Beach Gardens	Florida 33410 Pro (Zip code)	<u> </u>
Registered agent's accep	(City)	(Zip code)	
to comply with the provis and accept the obligation	is of only position as registered agent.	er and complete performance of my duties, and I at	D D
	(Registered agent)	is signature)	T:
8. The name, title or cap Title or Capacity:	acity and address of the person(s) who b	has/have authority to manage is/are: Title or Capacity: Name and	ىي <u>Address:</u>
Manager	Jeffrey T. Gray	<u> </u>	
A-4-111-11-11-11-11-11-11-11-11-11-11-11-	3100 West End Ave. Ste. 80 NASHVILLE, TN 37203	<u> </u>	
	MASH ATTICK IN 21202		
Manager	Samuel Weinstein	NO.	
Manager		<u>xo</u>	
(Use attachments if nece	Samuel Weinstein 3100 West End Ave. Stc. 80 NASHVILLE, TN 37203	.s.	
(Use attachments if nece	Samuel Weinstein 3100 West End Ave. Ste. 80 NASHVILLE, TN 37203 essary) e of existence, no more than 90 days old yof which it is organized. (If the certific	d, duly authenticated by the official having custody of the certification of the certificatio	of records in the
(Use attachments if neces). Attached is a certificate jurisdiction under the law of the translator must be	Samuel Weinstein 3100 West End Ave. Ste. 80 NASHVILLE, TN 37203 essary) e of existence, no more than 90 days old wof which it is organized. (If the certific submitted)	.s. d. duly authenticated by the official having custody of	e information
(Use attachments if neces). Attached is a certificate jurisdiction under the law of the translator must be	Samuel Weinstein 3100 West End Ave. Ste. 80 NASHVILLE, TN 37203 essary) e of existence, no more than 90 days old wof which it is organized. (If the certific submitted) couted in accordance with section 605.02 to the Department of State constitutes a secondary of the constitutes as the constit	d, duly authenticated by the official having custody of the is in a foreign language, a translation of the certification. 203 (1) (5), Florida Statutes, I am aware that any falso	e information
(Use attachments if neces). Attached is a certificate jurisdiction under the law of the translator must be	Samuel Weinstein 3100 West End Ave. Ste. 80 NASHVILLE, TN 37203 essary) e of existence, no more than 90 days old work which it is organized. (If the certific submitted) couted in accordance with section 605.02 to the Department of State constitutes a state of the Department of State constitutes as state of the Department of	d, duly authenticated by the official having custody of cate is in a foreign language, a translation of the certification (1) (5), Florida Statutes. I am aware that any falso third degree felony as provided for in s.817,155, F.S.	e information

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Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SURGICAL MONITORING SERVICES, 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 FIFTH DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SURGICAL MONITORING SERVICES, LLC" WAS FORMED ON THE TENTH DAY OF APRIL, A.D. 1996.

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

Authentication: 202093433

Date: 02-05-18

2608590 8300 SR# 20180738113

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