11/8000011214

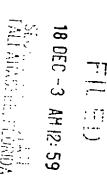
(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	-
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





600321252826

12/03/18--01011--020 **125.00



K SALY DEC 13 2018

COVER LETTER

TO:	Registration Section Division of Corporation	ns				
SUBJE	Treasure Coast Surg	gical Services, LLC				
J (D)		Name of	Limited Liability (Company		
The en Existen	closed "Application by For	reign Limited Liability Com ed to register the above refer	pany for Authoriza enced foreign limi	ition to Tr ted liabilit	ansact Business in Florida," y company to transact busine	Certificate of ess in Florida.
Plcase	return all correspondence	concerning this matter to the	following:			
	Julie Baldwin					
		N	ame of Person			
	Brad Miller, P.	c.				
		F	irm/Company			
	70 W. Cushing	Street				
			Address		 	
	Tucson, AZ 85	701				
		City/S	tate and Zip Code		,, <u>,-</u> <u>-</u> <u>-</u>	
	spark@nextmed.	net				
		E-mail address: (to be use	d for future annual	report no	tification)	
For fur	ther information concerning	g this matter, please call:				
	Julie Baldwin		520 at (547-24	47	
	Name o	of Contact Person	Area Code	Day	rtime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section duilding secutive Center Circle see, FL 32301	
Enclose	ed is a check for the follow 国\$125.00 Filing Fee	ring amount: \$\Bigsize \text{\$\frac{1}{2}\$}\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Cer of Status & Certified Copy	

TO:

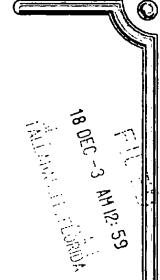
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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:

Composition	une unavailable, enter alternate (name adopted for the purpose of transacting business in Fl	orida. The alternate name must include "Limited	Limbility Company," "L.I.,C." or "LI.C.
Upon registration (Date first innessed business in Florida, if prov to registrates.) (Some Address of Principal Office) Tucson, AZ 85710 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation System Office Address: 1200 South Pine Island Road Plantation (CS) (C			ountied for	
(City) (City)		thich foreign limited liability company is organized)	J	umber, if applicable)
6339 East Speedway, Suite 201 (Street Address of Principal Office) Tucson, AZ 85710 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation System Office Address: 1200 South Pine Island Road Plantation	upon registration			
6 6 6 6 6 6 6 6 339 East Speedway, Suite 201 (Some Address of Principal Office) Tucson, AZ 85710 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation System Office Address: 1200 South Pine Island Road Plantation Plantation (City) gistered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated limited liability company at the rignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar discrete the obligations of my position as registered agent. By: C T Corporation System (Registered agent) (Registered agent) (Registered agent) (Registered agent) Name and Address: Title or Capacity: Name and Address: Name and Address: NextMed Management Services, LLC 6339 East Speedway Suite 201 Tucson, AZ 85710		(Date first transacted business in Florida, if prior to (Son sections 605.0904 & 605.0905, F.S. to determ	o registration.)	
(Store Address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation System Office Address: 1200 South Pine Island Road Plantation , Florida 33324 (Cap code) gistered agent's acceptance: ving been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further accept the obligations of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent. By: C T Corporation System (Registered agent's signature) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: NextMed Management Services, LLC 6339 East Speedway Suite 201 Tueson, AZ 85710	6339 East Speedway,	3		nite 201
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation System Office Address: 1200 South Pine Island Road Plantation , Florida 33324 (Cay) (Cay) gistered agent's acceptance: (Cay) (Cay) gistered agent's acceptance: (Cay) (Cay) gistered agent and as registered agent and to accept service of process for the above stated limited liability company at the inspated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar daccept the obligations of my position as registered agent. By: C T Corporation System (Registered agent's signlan) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Name and Address: Name and Address: Name and Address: Services, LLC 6339 East Soeedway Suite 201 Tucson, AZ 85710	(Street Address of			
Office Address: 1200 South Pine Island Road Plantation (City) (Cit	Tucson, AZ 85710		Tucson, AZ 85710	ر بر مسو دوکتر موجود
Name: Office Address: 1200 South Pine Island Road Plantation Florida 33324 (City)				
Name: Office Address: 1200 South Pine Island Road Plantation Florida 33324 (City)	<u> </u>		 	
Name: Office Address: 1200 South Pine Island Road Plantation Florida 33324 (City)	Name and street add-	es of Florido maistand access M.O. D.	- NOT 11 >	÷ ,
Office Address: 1200 South Pine Island Road Plantation Florida 33324 (Zip code)	ranne and succi stille	22 of Fiorical registered agent: (P.O. Bo)	x MOI acceptable)	· ·
Plantation , Florida 33324 (City) (City) (City) (City code) gistered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar daccept the obligations of my position as registered agent. By: C T Corporation System (Registered agent) (Registered agent's signature) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Manager NextMed Management Services, LLC 6339 East Speedway Suite 201 Tucson, AZ 85710	Name:	C T Corporation System		64 64
Plantation (Cay) (Cay		1200 South Bins Falous Brows		
gistered agent a acceptance: nowing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar discrept the obligations of my position as registered agent. By: CT Corporation System (Registered agent's signaliar) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: NextMed Management Services, LLC 6339 East Speedway Suite 201 Tucson, AZ 85710	Office Address:	1200 South Fine Island Koad		Ę.
riving been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furthe comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar d accept the obligations of my position as registered agent. By: CT Corporation System (Registered agent's signbure) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: NextMed Management Services, LLC 6339 East Speedway Suite 201 Tucson, AZ 85710		Plantation	Clorida 33324	
The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: NextMed Management NextMed Management Services, LLC 6339 East Speedway Suite 201 Tucson, AZ 85710		(City)	, Florida	covte)
Manager NextMed Management Services, LLC 6339 East Speedway Suite 201 Tucson, AZ 85710	a accept the obligation.	s of my position as registered agent.	r and complete performance of m Jan M. H.J.	ry duties, and I am familiar
Manager NextMed Management Services, LLC 6339 East Speedway Suite 201 Tucson, AZ 85710	a accept the obligation.	By: C T Corporation System	rand complete performance of m	y duties, and I am familian
Services, LLC 6339 East Speedwav Suite 201 Tucson, AZ 85710	a accept the obligation.	By: C T Corporation System (Registered agent)	r and complete performance of m	y duties, and I am familiar
Suite 201 Tucson, AZ 85710	The name, title or caps	By: C T Corporation System (Registered agent) (Registered agent) active and address of the person(s) who have	and complete performance of m	y duties, and I am familiar
Suite 201 Tucson, AZ 85710	The name, title or caps	By: CT Corporation System (Registered agent) (Registered agent's actity and address of the person(s) who have and Address:	and complete performance of m	y duties, and I am familiar
Tucson, AZ 85710	The name, title or caps	By: CT Corporation System (Registered agent) (Registered agent) active and address of the person(s) who have and Address: NextMed Management	and complete performance of m	y duties, and I am familiar
Tucson, AZ 85710	The name, title or capa	By: CT Corporation System (Registered agent: (Registered agent's actity and address of the person(s) who have and Address: NextMed Management Services, LLC	and complete performance of m	y duties, and I am familiar
	The name, title or caps	By: C T Corporation System (Registered agent) (Registered agent) acity and address of the person(s) who have and Address: NextMed Management Services, LLC 6339 East Speedway	and complete performance of m	y duties, and I am familiar
to must be a	The name, title or capa	By: CT Corporation System (Registered agent): (Registered agent): acity and address of the person(s) who have and Address: NextMed Management Services, LLC 6339 East Speedway Suite 201	and complete performance of m	y duties, and I am familiar
/se attactiments if necessary)	The name, title or caps	By: CT Corporation System (Registered agent): (Registered agent): acity and address of the person(s) who have and Address: NextMed Management Services, LLC 6339 East Speedway Suite 201	and complete performance of m	y duties, and I am familiar
	The name, title or capa Title or Capacity: Manager	By: C T Corporation System (Registered agent. (Registered agent's actity and address of the person(s) who have and Address: NextMed Management Services, LLC 6339 East Speedway Suite 201 Tucson, AZ 85710	and complete performance of m	y duties, and I am familiar
	3. The name, title or caps Title or Capacity:	By: CT Corporation System (Registered agent) (Registered agent's actity and address of the person(s) who have and Address:	and complete performance of m	y duties, and I am famili
	Title or Capacity:	By: CT Corporation System (Registered agent): (Registered agent): acity and address of the person(s) who have and Address: NextMed Management Services, LLC 6339 East Speedway Suite 201	and complete performance of m	ny duties, and I am familian
(SP BURCHUNGS) I Decessory)	The name, title or caps	By: CT Corporation System (Registered agent): (Registered agent): acity and address of the person(s) who have and Address: NextMed Management Services, LLC 6339 East Speedway Suite 201	and complete performance of m	y duties, and I am familiar
	The name, title or capa Title or Capacity: Manager	By: C T Corporation System (Registered agent. (Registered agent's actity and address of the person(s) who have and Address: NextMed Management Services, LLC 6339 East Speedway Suite 201 Tucson, AZ 85710	and complete performance of m	y duties, and I am familiar
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in	The name, title or caps Title or Capacity: Manager Jes attachments if necess Attached is a certificate	By: CT Corporation System (Registered agent. (Registered agent's active and address of the person(s) who have and Address: NextMed Management Services, LLC 6339 East Speedway Suite 201 Tucson, AZ 85710 sary) of existence, no more than 90 days old.	as/have authority to manage is/are Title or Capacity:	Name and Address:
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under	The name, title or caps Title or Capacity: Manager Jes attachments if neces Attached is a certificate is diction under the law	By: CT Corporation System (Registered agent. (Registered agent's active and address of the person(s) who have and Address: NextMed Management Services, LLC 6339 East Speedway Suite 201 Tucson, AZ 85710 sary) of existence, no more than 90 days old, of which it is organized. (If the certificat	as/have authority to manage is/are Title or Capacity:	Name and Address:
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted)	The name, title or caps Title or Capacity: Manager Jes attachments if neces. Attached is a certificate risdiction under the law	By: CT Corporation System (Registered agent. (Registered agent's active and address of the person(s) who have and Address: NextMed Management Services, LLC 6339 East Speedway Suite 201 Tucson, AZ 85710 sary) of existence, no more than 90 days old, of which it is organized. (If the certificat	as/have authority to manage is/are Title or Capacity:	Name and Address:
isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted)	The name, title or capse Title or Capacity: Manager Use attachments if necess Attached is a certificate risdiction under the law the translator must be su	By: CT Corporation System (Registered agent. (Registered agent's active and address of the person(s) who have and Address: NextMed Management Services, LLC 6339 East Speedway Suite 201 Tucson, AZ 85710 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate submitted)	as/have authority to manage is/are Title or Capacity: duly authenticated by the official te is in a foreign language, a transl	having custody of records in intion of the certificate under
isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted) This document is executed in accordance with section 605 0204 (1) (b) Florida Statutes. Law suggestion consists and the certificate under	The name, title or capse Title or Capacity: Manager Jes attachments if necess Attached is a certificate risdiction under the law the translator must be sue. This document is executed.	By: CT Corporation System (Registered agent. (Registered agent's active and address of the person(s) who have and Address: NextMed Management Services, LLC 6339 East Speedway Suite 201 Tucson, AZ 85710 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate submitted) uted in accordance with section 605 0200	as/have authority to manage is/are Title or Capacity: duly authenticated by the official te is in a foreign language, a transl	having custody of records in ation of the certificate under
isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under	The name, title or capse Title or Capacity: Manager Jes attachments if necess Attached is a certificate risdiction under the law the translator must be sue. This document is executed.	By: CT Corporation System (Registered agent. (Registered agent's active and address of the person(s) who have and Address: NextMed Management Services, LLC 6339 East Speedway Suite 201 Tucson, AZ 85710 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate submitted) uted in accordance with section 605 0200	as/have authority to manage is/are Title or Capacity: duly authenticated by the official te is in a foreign language, a transl	having custody of records in ation of the certificate under
isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted) This document is executed in accordance with section 605 0204 (1) (b) Florida Statutes. Law suggestion consists and the certificate under	The name, title or caps Title or Capacity: Manager Use attachments if necess Attached is a certificate risdiction under the law the translator must be sue. This document is executed.	By: CT Corporation System (Registered agent. (Registered agent's active and address of the person(s) who have and Address: NextMed Management Services, LLC 6339 East Speedway Suite 201 Tucson, AZ 85710 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate submitted) uted in accordance with section 605 0200	as/have authority to manage is/are Title or Capacity: duly authenticated by the official te is in a foreign language, a transl	having custody of records in ation of the certificate under
isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted) This document is executed in accordance with section 605.0201 (1) (b), Florida Statutes. I am aware that any false information positive in a document to the Department of State constitutes a third degree felony as provided for in 8.817.155, F.S. Signature of an emborized person.	The name, title or capse Title or Capacity: Manager Jes attachments if necess Attached is a certificate risdiction under the law the translator must be sue. This document is executed.	By: C T Corporation System (Registered agent). (Registered agent): active and address of the person(s) who have and Address: NextMed Management Services, LLC 6339 East Speedway Suite 201 Tucson, AZ 85710 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted) utted in accordance with section 605.020; of the Department of State constitutes a the Signature.	as/have authority to manage is/are Title or Capacity: duly authenticated by the official te is in a foreign language, a transl (1) (b), Florida Statutes. I am aw ind degree felony as provided for i	having custody of records in ation of the certificate under
isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted) This document is executed in accordance with section 605 0204 (1) (b) Florida Statutes. Law suggestion consists and the certificate under	The name, title or capse Title or Capacity: Manager Jes attachments if necess Attached is a certificate risdiction under the law the translator must be sue. This document is executed.	By: CT Corporation System (Registered agent. (Registered agent's actity and address of the person(s) who have and Address: NextMed Management Services, LLC 6339 East Speedway Suite 201 Tucson, AZ 85710 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted) utted in accordance with section 605.020; of the Department of State constitutes a the Signature Christopher Glegson, the	as/have authority to manage is/are Title or Capacity: duly authenticated by the official te is in a foreign language, a transl (1) (b), Florida Statutes. I am aw ind degree felony as provided for i	having custody of records in ation of the certificate under

SECRETARY OF STATE





CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **TREASURE COAST SURGICAL SERVICES**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since November 2, 2018, and is in good standing in this state.

SEAL OF THE SEAL O

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on November 27, 2018.

Ballora K. Cegewske

Barbara K. Cegavske Secretary of State

Electronic Certificate

Certificate Number: C20181127-0939