5/24/22, 4:59 PM

## Division of Corporations

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(((H22000184366 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 : (954)208-0845

: (614)573-3996 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## Foreign Limited Liability Company JFK Main Surgicenter, LLC

Certificate of Status	Û
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Page Count	04
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HelpMAY 2 6 2022

From: Kaity Toon

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

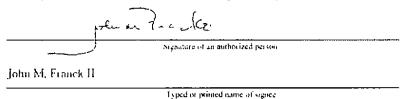
COMPANYTOTRANSACT BU	TION 605,0002 FLORIDA STATUTES THE FO SINESS INTHE STATE OF FLORIDA:					
1. JFK Main Surgicenter,	LLC Limited Liability Company, must include "Limited	Takin C.	**************************************			
(Name of Foreign	Emiled Liability Company, most include "Emilled	Lianinis Compus	, 1,,1,-C., OF 1,1 C., 1			
Ill name apayartable onier alternate	name adopted for the purpose of transacting business in Ho	rida. The alternate na	ne must metade "Limited Liability Comp	nany," "I, t. C." or "LI.C.")		
Delaware		88-221				
2. (furnisherion under the law of which foreign limited liability company is organized)		3.	3			
Tall with a land of all of	, , , , , , , , , , , , , , , , , , ,					
4.						
(Dute tirst transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. in determine penalty hability.)		egistration ( ic penalty liability)		202		
One Park Plaza			750	2 11		
5. (Street Address of Principal Office)		(Mai	ling Address)	<u> </u>		
Nashville, TN 37203		Nashvill	e, TN 37202	<i>'</i>		
				<del> </del>		
				2022 MAY 125 AH 11: 30		
· · · · · ·	······					
7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptab	e)			
Name:	C.T. Corporation System	<u>.</u>				
1200 South Pine Island Road						
Office Address:						
	Plantation		33324 Florida			
	(City)		Florida			
Registered agent's accep	otance:					
Having been named as redesionated in this applica	egistered agent and to accept service of pa ation, I hereby accept the appointment as	rocess for the a registered age	hove stated limited liability on and agree to act in this ca	company at the place quality. I further agree		
to comply with the provis	ions of all statutes relative to the proper of my position as registered agent.	and complete p	erformance of my duties, an	d I am familiar with		
ана ассерь те отцанов						
	Jeans Helon	Jeanne Nel	son			
	(Registered agent's s	ignature)				

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacit	t <u>y:</u>	Name and Addre	<u>8881</u>
■Manager	Name: Surgicare of JFK Main, LLC	□Manager	Name:		
■Member	Address:	_ Member	Address:		
□Authorized	Nashville, TN 37203	☐ Authorized			····
Person		Person			
□Other		Other		□Other	
□Manager	Name:	∏Manager	Name:		
□Member	Address:	□ Member	Address:	····	<del></del>
□Authorized		☐ Authorized			
Person		Person		2072	
□Other		Other		<del></del>	
				25	<del></del>
□Manager	Name:	□Manager	Name:	7	<u>.                                    </u>
□Member	Address:	□Member	Address:		•
□Authorized		Authorized			
Person		Person			
□Other	☐ Other	□ Other		□Other	

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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.



The First State

Page 1

From: Kaity Toon

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JFK MAIN SURGICENTER, 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-THIRD DAY OF MAY, A.D. 2022.

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

Authentication: 203500861

Date: 05-23-22

6768170 8300 SR# 20222238936