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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (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 South Florida Children's Surgery Center LLC

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## From: Kaity Toon

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

IN COMPILANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. South Florida Children's Surgery Center LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "LLC.") (If more unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Lisbility Company," "L. L.C.," of "LLC.") DE (Imisdiction under the law of which toreign limited liability company is organized) (FI:1 number, if applicable) (Date first transacted business in Florida, if prior to registration ). 1See sections 605 0904 & 605 0905, F.S. to determine penalty hability.) 4650 N Dixie Highway 182 Industrial Road (Mailing Address) 5. (Street Address of Principal Office) Glen Rock, PA 17327 Oakland Park, FL 33334 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CT Corporation System Name: 1200 South Pine Island Road Office Address: Plantation (City) 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. C T Corporation System (Registered assent's signature) Denise Bell - Assistant Secretary

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 Capacity: | Name and Address:                 |
|--------------------|------------------------------|--------------------|-----------------------------------|
| ⊡Manager           | Name: Caryl L Hollinger      | ∑Manager           | Name: Devin Larsen                |
| ⊠Member            | Address: 182 Industrial Road | ⊠Member            | Address: 1725 Hughes Landing Blvd |
| □Authorized        | Glen Rock, PA 17327          | ☐ Authorized       | The Woodlands, TX 77380           |
| Person             |                              | Person             |                                   |
| □Other             | □Other                       | Other              | Other                             |
| □Manager           | Name:                        | ∏Manager           | Name:                             |
| □Member            | Address:                     | ⊒ Member           | Address:                          |
| □Authorized        |                              | ☐ Authorized       | 55                                |
| Person             |                              | Person             | - Size 1                          |
| □ Other            | □Other                       | Other              | □ Other F: 09                     |
| □Manager           | Name:                        | □Manager           | Name:                             |
| □Member            | Address:                     | ☐ Member           | Address:                          |
| □Authorized        |                              | Authorized         |                                   |
| Person             |                              | Person             |                                   |
| □Other             |                              | □ Other            |                                   |

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Caryl L Hollinger

Confid Hallinging

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "SOUTH FLORIDA CHILDREN'S SURGERY

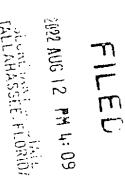
CENTER LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE

AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF AUGUST, A.D.

2022.

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





Authentication: 204123406