M22000018060

(F	Requestor's Name)
	Address)
(,	(33)
(4	Address)
	City/State/Zip/Phone #)
(,	SAPORE CALLET
PICK-UP	WAIT MAIL
(8	Business Entity Name)
	Document Number)
1.5	Socument (volumety)
Destified Copies	Certificates of Status
	
Special Instructions to F	ding Officer:

Office Use Only



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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	ate:12/06/2022
	Acc#I20160000072
Name:	SCA-Doral, LLC
Document #:	
Order #:	14663073
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:	Country of Destination: Number of Certs:
Availability Document Examiner	Certified: ✓ Plain: COGS: COGS: Amount: \$ 155.00
Updater Verifier W.P. Verifier Ref#	

Thank you!

COVER LETTER

BJECT:	SCA-Doral, LLC			
Name of Limited Liability Company				
		Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Florida.		
ase return	all correspondence concerning this matter to	o the following:		
	Storm Spencer			
		Name of Person		
	SCA Health			
		Firm/Company		
	569 Brookwood Village, Suite 901			
		Address		
	Birmingham, AL 35209			
	C	City/State and Zip Code		
	legal_paralegals@scasurgery.com			
	E-mail address: (to be	e used for future annual report notification)		
r further in	formation concerning this matter, please cal	H:		
Stor	nn Spencer	205 545-2605 at ()		
	Name of Contact Person	at () Area Code Daytime Telephone Number		
	ling Address:	Street Address:		
-	gistration Section rision of Corporations	Registration Section Division of Corporations		
	D. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		
		Tallahassee, FL 32303		
	losed is a check for the following amount:			
	se make check payable to: FLORIDA DEF			
	Certificate of			

TO:

Registration Section

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

IN COMPLIANCE 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:

	ame adopted for the purpose of transacting outsidess in the	orida. The alternate name must include "Limited Liabi	inty Company, C.C.C.	or tite.
Delaware 2. (Jurisdiction under the law of which foreign limited liability company is organized)		81-3734814 3		
		(FEI number, if applicable)		
· <u></u>				
	(Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determine	egistration) ne penalty liability)		
569 Brookwood Villag		6. (Mailing Address)		
treet Address of Principal Office)		(Mailing Address)		
Suite 901		Suite 901		
Birmingham, AL 3520	9	Birmingham AL 35209		
. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)		2077 DFC
Name:	C T Corporation System			الله الله
Office Address:	1200 South Pine Island Road			₽
	Plantation	33324 Florida	· · · · · · · · · · · · · · · · · · ·	ن
	(City)	(Zip code)		

By: Terrie Bates, Asst. Secy.

(Registered agent's signature)

By:

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:

Manager

Name:

Manager

Name:

Manager

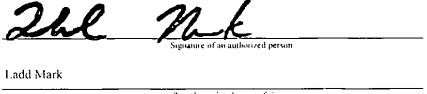
Address:

Mame and Address:

□Manager	Name:	□Manager	Name:
□Member	Address: 569 Brookwood Village	□Member	Address:
■ Authorized	Suite 901	□Authorized	
Person	Binningham AL 35209	Person	
□Other	Other	□Other	Other
□Manager	Name: Ladd Mark	□Manager	Name:
□Member	Address: 569 Brookwood Village	-	Address:
■Authorized	Suite 901	□Authorized	
Person	Birmingham AL 35209	Person	
Other	Other	□Other	Other
□Manager	Name: P. Neil Walker	□Manager	Name:
□Member	Address:	□Member	Address:
■ Authorized	Suite 901	□Authorized	
Person	Birmingham AL 35209	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.



Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SCA-DORAL, 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 DECEMBER, A.D. 2022.

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

Authentication: 205010934

Date: 12-05-22