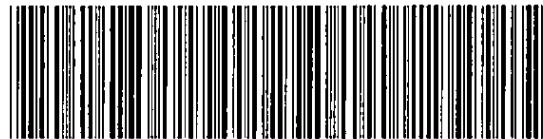


M22000018750

(Requestor's Name) \_\_\_\_\_



(Address) \_\_\_\_\_

(Address) \_\_\_\_\_

(City/State/Zip/Phone #) \_\_\_\_\_

PICK-UP     WAIT     MAIL

(Business Entity Name) \_\_\_\_\_

(Document Number) \_\_\_\_\_

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

REC 16 2022  
L. Brumbley

APPROVED  
AND  
FILED

2022 DEC 15 PM 3:20

2022 DEC 15 PM 3:16

**CT CORP**  
**3458 Lakeshore Drive, Tallahassee, FL 32312**  
**850-656-4724**

**Date:** 12/15/2022  
Acc#I20160000072

*encl D/H*

Name:	West Bay Surgicenter, LLC
Document #:	
Order #:	14684166 - 11

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>	<input type="checkbox"/>	Country of Destination:	
			Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **155.00**

**Thank you!**

## COVER LETTER

TO: Registration Section  
Division of Corporations

**SUBJECT:** West Bay Surgicenter, LLC Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kristina Bagwell

Name of Person

c/o West Bay Surgicenter, LLC

---

**Firm/Company**

## One Park Plaza

### Address

Nashville, TN 37203

City/State and Zip Code

shirley.schaeff@hcabhealthcare.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristina Bagwell 615 344-5562  
at ( ) Daytime Telephone Number  
Name of Contact Person Area Code

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	<u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
---	--

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

\$125.00 Filing Fee     \$130.00 Filing Fee &     \$155.00 Filing Fee &     \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.092, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

West Bay Surgicenter, L.L.C.

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

(1) name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC".

Delaware 92-1353717

3. \_\_\_\_\_ *What is the best way to handle a difficult customer?*

4. \_\_\_\_\_ (Date first transacted business in Florida, if prior to registration.)  
One (1) year, 6/05/0903, 6/05/0903, U.S., to determine penalty liability.

5. One Park Plaza  
(Street Address of Principal Office)

6. PO Box 750  
(Mailing Address)

Nashville TN 37203

Nashville, TN 37202

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

## C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

**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.*

## CT Corporation System

By:  Jori Sawan Vice President  
(Registered agent's signature)

APPROVED  
AND  
FILED

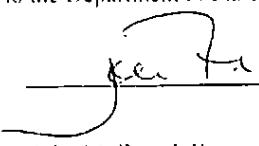
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Surgeare of West Bay, LLC Address: One Park Plaza Nashville, TN 37203	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
 <input type="checkbox"/> Member	Address: _____	 <input type="checkbox"/> Member	Address: _____
 <input type="checkbox"/> Authorized	_____	 <input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
 <input type="checkbox"/> Other _____	 <input type="checkbox"/> Other _____	 <input type="checkbox"/> Other _____	 <input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
 <input type="checkbox"/> Member	Address: _____	 <input type="checkbox"/> Member	Address: _____
 <input type="checkbox"/> Authorized	_____	 <input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
 <input type="checkbox"/> Other _____	 <input type="checkbox"/> Other _____	 <input type="checkbox"/> Other _____	 <input type="checkbox"/> 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.

  
\_\_\_\_\_  
John M. Franek II  
\_\_\_\_\_  
Typed or printed name of signee

Signature of an authorized person

Typed or printed name of signee

# Delaware

Page 1

The First State

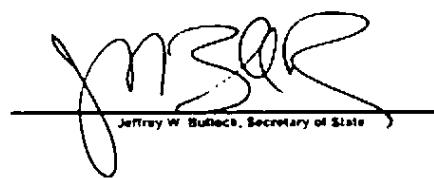
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WEST BAY SURGICENTER, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF DECEMBER, A.D. 2022.

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

7182540 8300

SR# 20224280625

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



Jeffrey W. Bullock, Secretary of State

Authentication: 205106996

Date: 12-15-22