

M23000009465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

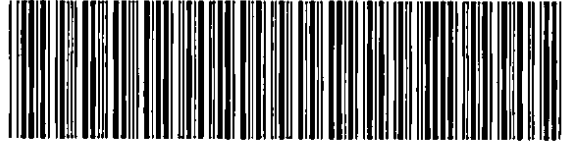
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800412514088

APPROVED
AND
FILED

2023 JUL 21 AM 9:57

SECRETARY OF STATE
HALL AMBASSADOR BUILDING



2023 JUL 21 PM 1:29

JUL 22 2023

Brumby

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

Date: 07/21/2023

Acc#I20160000072

en: c DW

Name:	Surgical Management Solutions, LLC
Document #:	
Order #:	15045191

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"/>		Country of Destination:	
			Number of Certs:	

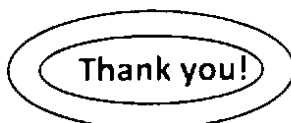
Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notification

--

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

Amount: \$ 155.00



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Surgical Management Solutions, 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:

Storm Spencer

Name of Person

SCA Health

Firm/Company

569 Brookwood Village, Suite 901

Address

Birmingham AL 35209

City/State and Zip Code

legal_paralegals@scasurgery.com

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

For further information concerning this matter, please call:

Storm Spencer

205

545-2605

Name of Contact Person

at (_____) _____

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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 &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Surgical Management Solutions, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If 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.")

2. Delaware 3. 84-4983977
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 08/01/2023
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 569 Brookwood Village 6. 569 Brookwood Village
(Street Address of Principal Office) (Mailing Address)

Suite 901 Suite 901

Birmingham AL 35209 Birmingham AL 35209

7. 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
(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.

C T Corporation System
By: Michele Miller Michele Miller, Asst. Secretary
(Registered agent's signature)

APPROVED
AND
FILED
2023 JUL 21 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FL 09000

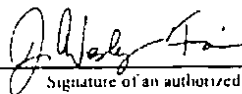
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Wes Fain</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Marie Edler</u>
<input type="checkbox"/> Member	Address: <u>569 Brookwood Village</u>	<input type="checkbox"/> Member	Address: <u>569 Brookwood Village</u>
<input type="checkbox"/> Authorized	Suite 901	<input type="checkbox"/> Authorized	Suite 901
Person	<u>Birmingham AL 35209</u>	Person	<u>Birmingham AL 35209</u>
<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input checked="" type="checkbox"/> Other <u>Secretary</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Leslie Wachsmen</u>	<input type="checkbox"/> Manager	Name: <u>Nicole Semeraro</u>
<input type="checkbox"/> Member	Address: <u>569 Brookwood Village</u>	<input type="checkbox"/> Member	Address: <u>569 Brookwood Village</u>
<input type="checkbox"/> Authorized	Suite 901	<input type="checkbox"/> Authorized	Suite 901
Person	<u>Birmingham AL 35209</u>	Person	<u>Birmingham AL 35209</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>President</u>	<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.



Signature of an authorized person

Wes Fain

Typed or printed name of signer

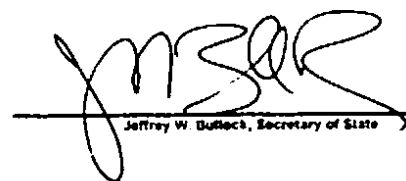
Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SURGICAL MANAGEMENT SOLUTIONS, 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-FIRST DAY OF JULY, A.D. 2023.

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



Jeffrey W. Bullock, Secretary of State

7602362 8300

SR# 20233050376

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203795894

Date: 07-21-23