M98000001020

H98000017121 8

9/14/98 FLORIDA DIVISION OF CORPORATIONS 3:05
PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

(((H98000017121 8)))

TO: DIVISION OF CORPORATIONS FAX #: (850)922-4003

FROM: PROSKAUER ROSE GOETZ & MENDELSOHN ACCT#: 074673001063
CONTACT: KATHY RASLER
PHONE: (561)995-4751 FAX #: (561)241-7145

NAME: OAKRIDGE AMBULATORY SURGERY, LLC
AUDIT NUMBER.....H98000017121
DOC TYPE.....FOREIGN LIMITED LIABILITY COMPANY
CERT. OF STATUS..0 PAGES..... 5
CERT. COPIES.....1 DEL.METHOD.. FAX
EST.CHARGE.. $337.50

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **
** INVALID SELECTION...PLEASE RE-ENTER **

00500-001047-00524-00671
cc not Accept.

9/14

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 SEP 14 PM 4:05

Name Availability	MBB
Document Examiner	MBB
Updater	MBB
Updater Verifyer	MBB
Acknowledgement	MBB
W. P. Verifyer	MBB

W98-21003

Donald E. Thompson, Esq.
Proskauer Rose LLP
2255 Glades Road - Suite 340W
Boca Raton, FL 33431
H98000017121 8

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 15, 1998

PROSKAUER ROSE GOETZ & MENDELSOHN

,

SUBJECT: OAKRIDGE AMBULATORY SURGERY, LLC
REF: W98000021003

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

A certified copy certificate is not acceptable.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges
Document Specialist

FAX Aud. #: H98000017121
Letter Number: 398A00046643

FILED
98 SEP 14 PM 4:05
SECRETARY OF STATE
DIVISION OF CORPORATIONS

H98000017121 8

SEP 14 '98 11:27 954 9280978 PAGE.14

H98000017121 8

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. OAKRIDGE AMBULATORY SURGERY, LLC
(Name of foreign limited liability company must end with the words "limited company" or their abbreviation "L.C." if not so contained in the name at present.)

2. DE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. Applied for
(FEI number, if applicable)

4. 8/19/98
(Date of Organization)

5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon filing
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)

7. 5601 North Dixie Highway, Suite 411, Ft. Lauderdale, FL 33434
(Street address of principal office)

8. List name, title, and business address of each managing member [MGRM] or manager [MGR] who will manage the foreign limited liability company in Florida: (attach additional page if necessary)

NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
James J. Gulasek	MGRM		
5601 N. Dixie Hwy. Suite 411			
Ft. Lauderdale, FL 33334			
Rudy J. Noriega	MGRM		
5601 N. Dixie Hwy. Suite 411			
Ft. Lauderdale, FL 33334			
Gary C. Matzner	MGRM		
5601 N. Dixie Hwy. Suite 411			
Ft. Lauderdale, FL 33334			

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 SEP 14 PM 4:05

4709/57590-004 SRL/81/202655 v1 08/27/98 04:27 PM (2659)

H98000017121 8

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OAKRIDGE AMBULATORY SURGERY, 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 SEPTEMBER, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 SEP 14 PM 4:05

Edward J. Freel, Secretary of State

2935727 8300

981357361

AUTHENTICATION: 9302425

DATE: 09-15-98

H98000017121 8

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. **The name of the Limited Liability Company is:**

OAKRIDGE AMBULATORY SURGERY, LLC

2. **The name and the Florida street address of the registered agent and office are:**

Gary Matzner
(Name)

2400 S. Dixie Highway, Suite 200
Florida street address (P.O. Box NOT ACCEPTABLE)

Miami, FL 33126
City/State/Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 SEP 14 PM 4:05

Filing Fee: $ 35 for Designation of Registered Agent

H98000017121 8

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of OAKRIDGE AMBULATORY SURGERY, LLC
certifies:

1) the above named limited liability company has at least two members;

2) the total amount of cash contributed by the member(s) is $ 500.00 ;

3) if any, the agreed value of property other than cash contributed by member(s) is $ -0- ;
(A description of the property is attached and made a part hereto.)
and

4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is $500.00

(This total includes amounts from 2 and 3 above.)

Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Gary Matzner
Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 SEP 14 PM 4:05

Filing Fee: $250.00 for Application and Affidavit

H98000017121 8