

11/19/2020

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Division of Corporations
Florida Department of State
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Account Number : I20000000195
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Foreign Limited Liability Company
SMARTCARE SURGICAL PARTNERS, LLC

Certificate of Status	0
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H2000399897 3

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. SmartCare Surgical Partners, 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 (Jurisdiction under the law of which foreign limited liability company is organized)
3. (FEI number, if applicable)

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

5. 920 Brightwaters Boulevard NE (Street Address of Principal Office)
6. 920 Brightwaters Boulevard NE (Mailing Address)

Saint Petersburg, FL 33704 Saint Petersburg, FL 33704

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

Name: Dr. Allan J. Alexander

Office Address: 920 Brightwaters Boulevard NE

Saint Petersburg, Florida 33704
(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.

DocuSigned by: Allan J. Alexander

(Registration Number)

2020 Nov 19 PM 11:36

H2000399897 3

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].

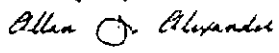
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name, <u>Dr. Allan J. Alexander</u>	<input type="checkbox"/> Manager	Name, _____
<input checked="" type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>920 Brightwaters Boulevard NE</u> <u>Saint Petersburg, FL 33704</u>	<input type="checkbox"/> Authorized 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 Person	_____ _____	<input type="checkbox"/> Authorized 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 Person	_____ _____	<input type="checkbox"/> Authorized Person	_____ _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

2020 Nov 19 11:36

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.

DocuSigned by:

 Signature ID: E0718AB213D644E...

Dr. Allan J. Alexander

Typed or printed name of signer

H20000399897 3

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SMARTCARE SURGICAL PARTNERS, 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 EIGHTEENTH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SMARTCARE SURGICAL PARTNERS, LLC" WAS FORMED ON THE TWELFTH DAY OF NOVEMBER, A.D. 2020.

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

2020 Nov 19 AM 11:36



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

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SR# 20208438163

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

Authentication: 204111763

Date: 11-18-20

H20000399897 3