



02694191

APPLICATION FOR REGISTRATION OF A FOREIGN LIMITED LIABILITY

Pursuant to A.R.S. §29-802 et seq.

1. The company name must contain an ending which may be "limited liability company," "limited company," or the abbreviations "L.L.C.", "L.C.", "LLC" or "LC". If you are the holder or assignee of a tradename, attach a copy of the tradename certificate. If your name is not available for use in Arizona, you must adopt a fictitious name and provide a resolution adopting the name, which must be signed by a manager, member or authorized agent.

2. Provide the name of the state or jurisdiction under whose laws your company was formed.

3. Provide the date on which your company organized in the state or jurisdiction under whose laws it was formed.

4. Provide the general character of business you plan to transact in Arizona.

5. The statutory agent must provide a street address. If statutory agent has a P.O. Box, then they must also provide a street address/location.

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The agent must consent to the appointment by executing the consent.

LL:0005
Rev. 10/2006

1. The name of the foreign limited liability company is:
Biltmore Surgical Partners, LLC
1. a. If the exact name of the foreign limited liability company is not available for use in this state, then the fictitious name adopted for use by the limited liability company in Arizona is:
_____(FN)_____
2. The company is organized under the laws of: Delaware
(State)
3. The date of the company's formation is: February 13, 2009
4. The purpose of the company or the general character of business it proposes to transact in Arizona is:
Medical facility
5. The name and street address of the statutory agent for the foreign limited liability company in Arizona is:
ST Service Co.
4250 N. Drinkwater Blvd., Fourth Floor
Scottsdale, AZ 85251

ACCEPTANCE OF APPOINTMENT BY STATUTORY AGENT

I, Kathleen Clark, Assistant Secretary, having been designated to act as
(Print Name)

statutory agent, hereby consent to act in that capacity until removed or resignation is submitted in accordance with the Arizona Revised Statutes.

Kathleen Clark, Assistant Secretary
Signature

ST Service Co.

If signing on behalf of a company, print company name here

AZ CORPORATION COMMISSION
FILED

FEB 19 2009

FILE NO. -15074543

6. Check which management structure will be applicable to your company. Provide name, title and address for each person.

7. If the jurisdiction under the law of which your company is formed, you must provide the address of the principle office of the company, in whatever state or jurisdiction it is located.

The application must be signed by a member, manager or duly authorized agent.

Attach a certificate of existence or document of similar import duly authenticated (within sixty (60) days) by the official having custody of corporate records in the state, province or county under whose laws the corporation is incorporated.

Your phone and fax numbers are optional.

LL:0005
Rev. 10/2006

6. Management Structure (select option A or B):

A ☐ **Management of the limited liability company is vested in a manager or managers.** The names and addresses of each person who is a manager **AND** each member who owns a twenty percent or greater interest in the capital or profits of the limited liability company are:

Sovereign Surgical Holdings,

Name: L.P.

☒ member ☒ manager

Name: _____

☐ member ☐ manager

Address: 27261 Las Ramblas

Address: _____

Suite 250

City, State, Zip: Mission Viejo, CA 92691

City, State, Zip: _____

Name: _____

☐ member ☐ manager

Name: _____

☐ member ☐ manager

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

B ☐ **Management of the limited liability company is reserved to the members.**

The names and addresses of each person who is a member are:

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

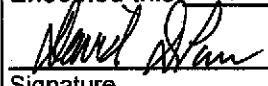
City, State, Zip: _____

7. The address of the office required to be maintained in the jurisdiction under the laws of which the company is organized, if required; or, if not required, the address of the principal office of the company is:

615 DuPont Highway

Dover, DE 19901

Executed this 17th day of February, 2009.



David D. Parr

Signature

Print Name (Check One) ☐ Member ☐ Manager ☒ Authorized Agent

PHONE: 949-851-7253

FAX: 949-851-1554

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BILTMORE 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 SEVENTEENTH DAY OF FEBRUARY, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BILTMORE SURGICAL PARTNERS, LLC" WAS FORMED ON THE THIRTEENTH DAY OF FEBRUARY, A.D. 2009.

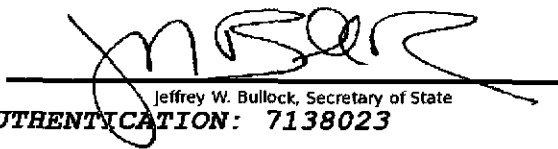
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7138023

DATE: 02-17-09