



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

| | | |
|---|---|------------|
| Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov | Certificate of Authority (Foreign Business Entity) | FBE |
|---|---|------------|

Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274, 275, 362 and 386 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a : profit corporation (KRS 271B). nonprofit corporation (KRS 273). professional service corporation (KRS 274).
 business trust (KRS 386). limited liability company (KRS 275). professional limited liability company (KRS 275).
 limited partnership (KRS 362).

2. The name of the entity is SURGICOR LLC
 (The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): SURGICOR LLC
 (Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is TENNESSEE

5. The date of organization is 10/19/2012 and the period of duration is Perpetual
 (If left blank, the period of duration is considered perpetual.)

6. The mailing address of the entity's principal office is
318 SEABOARD LN STE 305, 37067-2880 FRANKLIN TN 37067-2880
 Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is
306 W. Main Street, Suite 512, Frankfort KY 40601
 Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is C T Corporation System

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

| | | | | |
|--------------------------|------------------------------------|------------------|-----------|--------------|
| <u>JAMES R LAWSON JR</u> | <u>318 SEABOARD LANE SUITE 305</u> | <u>FRANKLIN</u> | <u>TN</u> | <u>37067</u> |
| Name | Street or P.O. Box | City | State | Zip Code |
| <u>DEAN SHORT</u> | <u>1618 CHAMPIONSHIP BLVD</u> | <u>FRANKLIN</u> | <u>TN</u> | <u>37064</u> |
| Name | Street or P.O. Box | City | State | Zip Code |
| <u>JOSH RITTER</u> | <u>4112 GRANNY WHITE PK</u> | <u>NASHVILLE</u> | <u>TN</u> | <u>37204</u> |
| Name | Street or P.O. Box | City | State | Zip Code |

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:

12. This application will be effective upon filing, unless a delayed effective date and/or time is provided.
 The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____
 (Delayed effective date and/or time)

[Signature] JOSH RITTER, CONTROLLER 5/10/13
 Signature of Authorized Representative Printed Name & Title Date

I, C T Corporation System, consent to serve as the registered agent on behalf of the business entity.
 Type/Print Name of Registered Agent

By: [Signature] Rachel Glaheen Vice President & Assistant Secretary 5/10/2013
 Signature of Registered Agent Printed Name Title Date
 (01/12)