

9409111

04/11/94

ROBBINS ANESTHESIA SERVICES, L.L.C

Secretary of State
Business Services and Regulation
Suite 315, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 9409111
EFFECTIVE DATE : 04/11/1994
COUNTY : BIBB
REFERENCE : 0062
PRINT DATE : 04/15/1994
FORM NUMBER : 356

ALAN H. RUMPH
P.O. BOX 6495
MACON GA 31208

CERTIFICATE OF ORGANIZATION

I, **MAX CLELAND**, Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

ROBINS ANESTHESIA SERVICES, L.L.C.

has been duly organized under the laws of the State of Georgia on the effective date stated above by the filing of articles of organization in the office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the city of Atlanta and the State of Georgia on the date set forth above.



SECURITIES
656-2894

CEMETERIES
656-3079

CORPORATIONS
656-2817

CORPORATIONS HOT LINE
404-656-2222
Outside Metro-Atlanta

Max Cleland

MAX CLELAND
SECRETARY OF STATE

Verley J. Spivey

VERLEY J. SPIVEY
DEPUTY SECRETARY OF STATE

ARTICLES OF ORGANIZATION
OF
ROBINS ANESTHESIA SERVICES, L.L.C.

ARTICLE I

The name of the Limited Liability Company is Robins Anesthesia Services, L.L.C.

ARTICLE II

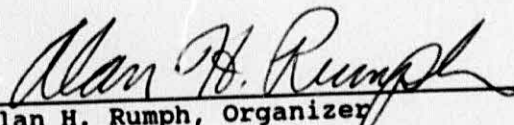
The Limited Liability Company is organized for the following purposes:

(1) To engage in every phase and aspect of the rendering of any and all professional services to the public that a physician, duly licensed under the laws of the State of Georgia, is authorized to render, but such professional services shall be rendered only through members, employees, and agents who are duly licensed under the laws of the State of Georgia to practice medicine within this State;

(2) To do all and everything necessary, appropriate or incidental to the accomplishment of any of the objects or the furtherance of the purposes and objects enumerated in these Articles of Organization or any amendment thereof, either alone or in association with any other person, including, without limitation, the ownership of any real or personal property; and

(3) To enter into any other lawful businesses or activities
from time to time, without limitations.

This 8th day of April, 1994.


Alan H. Rumph, Organizer

SECRETARY OF STATE
Apr 11 10 12 AM '94
BSR (3)

00001910002

Secretary of State
Business Services and Regulation
Suite 315, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334-1530

RESERVATION NUMBER: 940740155
EFFECTIVE DATE : 03/15/1994
EXPIRATION DATE : 06/13/1994
LICENSE NUMBER : N/A
CONSENT ON FILE : N/A
PRINT DATE : 03/17/1994
FORM NUMBER : 506

E. DOUGLAS CULVERHOUSE, M.D.
P.O. BOX 6495
MACON GA 31208

NAME RESERVATION CERTIFICATE

I, **MAX CLELAND**, Secretary of State of the State of Georgia, do hereby certify under the seal of my office that the records of the Secretary of State have been reviewed and the name

ROBINS ANESTHESIA SERVICES, LLC

is not identical to, and appears to be distinguishable from, the name of any other existing corporation, limited partnership, professional association, or limited liability company on file pursuant to Title 14 of the Official Code of Georgia Annotated.

This certificate shall be valid for a nonrenewable period of ninety days from the date of this certificate for profit and nonprofit corporations, professional associations, limited partnerships, or limited liability companies. Please submit this original certificate with any subsequent formation filing for a corporation, limited partnership, professional association, or limited liability company.

Name reservations are not renewable after expiration of the statutory reservation period stated above.



Max Cleland

MAX CLELAND
SECRETARY OF STATE

Verley J. Spivey

VERLEY J. SPIVEY
DEPUTY SECRETARY OF STATE

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Outside Metro-Atlanta

SMITH, HAWKINS, HOLLINGSWORTH & RUMPH

ATTORNEYS AT LAW
230 THIRD STREET • POST OFFICE BOX 6495
MACON, GEORGIA 31208-6495

TELEPHONE (912) 743-4436
TELECOPIER (912) 746-8722

G. BOONE SMITH, III
J. RENE HAWKINS, JR.
DAVID S. HOLLINGSWORTH
ALAN H. RUMPH

April 8, 1994

Secretary of State
Business Services and Regulation
Suite 315, West Tower
2 Martin Luther King, Jr., Drive
Atlanta, Georgia 30334-1530

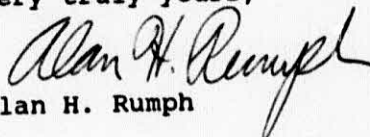
RE: Robins Anesthesia Services, L.L.C.

Dear Sir or Madam:

Please find enclosed the original and one copy of the Articles of Organization and Transmittal Information Form with regard to the above referenced limited liability company. Also enclosed is the original name reservation certificate and a check in the amount of \$75.00.

Please do not hesitate to contact me if you need additional information in this matter.

Very truly yours,


Alan H. Rumph

AHR/st

Enclosures



MAX CLELAND
Secretary of State
State of Georgia

BUSINESS SERVICES AND REGULATION
Suite 315, West Tower
2 Martin Luther King Jr. Drive
Atlanta, Georgia 30334-1530
(404) 656-2817

J. F. GULLION
Director

TRANSMITTAL INFORMATION FOR GEORGIA
LIMITED LIABILITY COMPANIES

DO NOT WRITE IN SHADED AREA - SOS USE ONLY

DOCKET # 941010778 PENDING CONTROL # P064722 CONTROL # 9409111 R
 Docket Code 350 LLC Type CL
 Date Filed 4-11-94 Amount Received \$ 75 Check/Receipt # 1982
 Jurisdiction (County) Code 011
 Examiner 70 Date Completed 4-11-94

NOTICE TO APPLICANT: PRINT PLAINLY OR TYPE REMAINDER OF THIS FORM.
INSTRUCTIONS ARE ON THE BACK OF THIS FORM.

1. 940740155
 LLC Name Reservation Number
Robins Anesthesia Services, L.L.C.
 LLC Name (exactly as appears on name reservation) (912) 743-4436
 Telephone Number

2. Alan H. Rumph
 Applicant/Attorney
P.O. Box 6495 Macon, GA 31208
 Address City State Zip Code

3. Name and Address of each organizer (attach additional sheets if necessary)
Alan H. Rumph 230 Third Street, P.O. Box 6495, Macon, GA 31208
 Organizer Address City State Zip Code

4. Alan H. Rumph
 Name of Registered Agent in Georgia
230 Third Street
 Registered Office Street Address in Georgia
Macon GA 31208
 City County State Zip Code

5. 212 Hospital Drive Warner Robins, GA 31099
 Principal Place of Business Mailing Address City State Zip Code

6. NOTICE: This form does not replace the articles of organization. Mail or deliver to the Secretary of State at the above address the following: (1) an original and one copy of this form; (2) an original and one copy of the articles of organization; and (3) a filing fee of \$75.00 (make check payable to "Secretary of State").

Alan H. Rumph
 Authorized Signature
 (Member, Manager, or Organizer)

4-8-94
 Date