Florida Department of State
Division of Corporations
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2005 FEB 14 A 9: 49

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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To:

Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Pax Number : (850)222-9428

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## LIMITED LIABILITY COMPANY

Raulerson General Surgery Group, LLC

 Certificate of Status
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 Certified Copy
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 Estimated Charge
 \$155.00

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	FOR FLORIDA LIMITED LIABILITY COMPANY TALLAHASSEE, FLOR
ARTICLE I - Name: The name of the Limited Liability Cor	
Raulerson General Surgery Group, LLC	
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
One Park Plaza	One Park Plaza - Legal Department
Nashville, TN 37203	Nashvillo, TN 37203
ARTICLE III - Registered Agent, R	legistered Office, & Registered Agent's Signature:
The name and the Florida street addre	ss of the registered agent are:
	T Corporation System
•	Name
	South Fine Island Road
	ia street address (P.O. Box <u>NOT</u> acceptable)
*** · · · · · · · · · · · · · · · · · ·	ntation, Florids 33324 City, State, and Zip
	nt and to accept service of process for the above stated limited mated in this certificate, I hereby accept the appointment as
registered agent and agree to act in thi	is capacity. I further agree to comply with the provisions of all
	implete performance of my duties, and I am familiar with and
•	as registered agent as provided for in Chapter 608, F.S.
	Comparation System
Den	istered Agent V Signature ASISTANT SECRETARY
100B	ASSISTANT SECRETARIA
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## ARTICLE IV- Manager(s) or Managing Member(s):

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The name and address of each Manager or Managing Member is as follows:

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Title:	Name and Address:	2005 FEB 14 A 9: 49
"MGR" = Manager		SECRETARY OF ATION
"MGRM" = Managing Member		SECRETARY OF STATE TALLAHASSEE, FLORIDA
		THE ATTAGGEE, PEURIUA
MGR	Marilyn B. Tavenner	
	One Park Plaza	
	Nashville, TN 37203	
MGR	A. Bruce Moore, fr.	
	One Park Plaza	
	Nashville, TN 37203	
MGR	R. Milton Johnson	
	One Park Plaza	
	Nashville, TN 37203	
	· <u></u>	
(Use attachment if necessary)	•	
NOTE: An additional article must	be added if an effective date is	requested.
		-
REQUIRED SIGNATURE:	•	
0 00		

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Dora A. Blackwood, Anthorized Representative of Member Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Capy (Optional) 5 5.00 Certificate of Status (Optional)

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