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PICK-UP] WAIT	MAIL
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Certified Copies	Certificates of	Status
Special Instructions to Filir	ng Officer:	- 1
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ACCOUNT NO. : 12000000195	
REFERENCE: 210163 7509084	
AUTHORIZATION :	
COST LIMIT: STEED TO TO THE COST LIMIT: STEED	
ORDER DATE : July 10, 2014	
ORDER TIME : 8:42 AM	
ORDER NO. : 210163-055	
CUSTOMER NO: 7509084	
DOMESTIC_FILING	
NAME: AYERS ROCK INPATIENT SERVICES, LLC	2014 JUL 1741 175 175 175 175 175 175 175 175 175 17
EFFECTIVE DATE:	XHX 53
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	第5 3 2
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Courtney Williams - EXT. 62925	

EXAMINER'S INITIALS:

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: <u>Ayers Rock Inpatient Services.</u> Name of L	LLC .imited Liability Company		
		,		
The en	closed Articles of Organization and fee(s)	are submitted for filing.		
Please	return all correspondence concerning this	matter to the following:		
	1			
	Robyn Ratton	Name of Person		
		Name of Person		
	Envision HealthCare attn: Legal D	Department		
		Firm/Company	7.	2
			г г-с	2814 JUL
	6200 S. Syracuse Way, Suite 200		<u> </u>	
		Address		,
			ر می در این از این ا این این از ا	0
	Greenwood Village, CO 80111		ş '€'.	27
		City/State and Zip Code	สา 6 / 1 รูลินซ	S.
וצל	nne.liko@evhc.net			ယ
•	E-mail address: (to be us	sed for future annual report notification	1)	2
For fur	ther information concerning this matter, pl	ease call:		
Robyn	Ratton at ((303) 495-1217		
	Name of Person	Area Code Daytime Teleph	one Number	
- 1				
Enclose	ed is a check for the following amount:			
□ \$125.0	0 Filing Fee □\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy dditional copy is enclos	
	Mailing Address	Street/Courier Address		
	Registration Section	Registration Section		
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	S	
	Tallahassee, FL 32314	2661 Executive Center C	Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Ayers Rock Inpatient Services, LLC (Must end with the words "Limited L	lability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office.	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6200 S. Syracuse Way, Suite 200 Greenwood Village, CO 80111	6200 S. Syracuse Way, Ste. 200 Greenwood Village, CO 80111 attn: Legal Department
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Roanother business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered ag	ent are:
Corporation Service Company Name	
1201 Hays Street Florida street address (P.O. Box N	OT acceptable)
Tallahassee	FL
City Having been named as registered agent and to accept servi-	Zip ce of process for the above stated limited liability compa

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

2014 JUL 10 AM 9-32

AMBR" = Manager MGR" = Manager Member Florida [PS Medical Services, LLC 6200 S. Syracuse Way, Ste. 200 Greenwood Village, CO 80111 Disc attachment if necessary) V: Effective date, if other than the date of filing: Upon filing (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this documen constitutes an affirmation under the peralties of perjury that the facts stated herein are true. 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.) Terry Meadows, M.D authorized signer Typed or printed name of signee Filing Fees: 125.80 Filing Fee for Articles of Organization and Designation of Registered Agent is 30.00 Certified Copy (Optional)	Title:		Name and Address:
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