

Filing Fee: \$100.00

ID Number: 158197



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

LIMITED PARTNERSHIP

CERTIFICATE OF LIMITED PARTNERSHIP

FILED

AUG 24 2006

By AMF

31-082406

The undersigned, desiring to form a limited partnership under and by virtue of the powers conferred by Section 7-13-8 of the General Laws of Rhode Island, 1956, as amended, do execute the following Certificate of Limited Partnership:

1. The name of the limited partnership shall be:

Wayland Square Surgicare Acquisition, L.P.

(The name must contain the words "limited partnership" or the letters and punctuation "L.P.")

2. The address of the specified office in this state where the records of the limited partnership shall be kept is:

17 Seekonk Street, Providence, RI 02906

3. The name and address of the specified agent for service of process is Adler Pollock & Sheehan P.C.

One Citizens Plaza, 8th Floor
(Street Address, not P.O. Box)

Providence, RI
(City/Town)

02903
(Zip Code)

4. The name and business address of each general partner is:

General Partner

Business Address

Wayland Square Surgicare, Inc.

17 Seekonk Street, Providence, RI 02906

5. The mailing address for the limited partnership is 17 Seekonk Street

(Street Address)

Providence

(City/Town)

RI

(State)

02906

(Zip Code)



6. Any other matters the partners determine to include herein:

Multiple horizontal lines for writing additional matters.

(If additional space is required, please list on separate attachment.)

Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Limited Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: Aug. 24, 2006

By Wayland Square Surgicare, Inc., General Partner

By J. T. Clark, Pres.

By _____

By _____

By _____
Signature(s) of all general partners named herein