

Filing Fee: \$100.00

ID Number: 157817



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

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:

Blackstone Valley 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:

1526 Atwood Avenue, Johnston, Rhode Island 02919

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

One Citizens Plaza, 8th Floor

Providence

RI 02903-1345

(Street Address, not P.O. Box)

(City/Town)

(Zip Code)

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

General Partner

Business Address

Blackstone Valley

1526 Atwood Avenue, Johnston, Rhode Island 02919

Surgicare, Inc.

5. The mailing address for the limited partnership is 1526 Atwood Avenue

(Street Address)

Johnston

Rhode Island

02919

(City/Town)

(State)

(Zip Code)

FILED
AUG 09 2006
By [Signature]
26-081906

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

(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: August 9, 2006

~~BY~~ Blackstone Valley Surgicare, Inc.
General Partner
By *Joseph V. Clark*
By _____
By _____
By _____
Signature(s) of all general partners named herein