Filing Fee: \$150.00

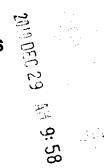
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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

LIMITED LIABILITY COMPANY



APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7.18.40 of the

		DE By	C 29 2010		
	Framingham, MA 01701		FILED		
9.	The mailing address for the limited liability company is: 5 Amy Road		9:58		
	Jupiter, FL 33458				
	115 Chub Cay Way				
8.	The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:				
7.	(Name of Agent) The secretary of state is appointed the agent of the foreign limited liability company for service of process if at ar time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.				
	and the name of the resident agent at such address is		Aganth		
	(Street Address, <u>not</u> P.O. Box)	(City/Town)	(Zip Code)		
	2011 New London Tpke	Coventry	, RI_02816		
6.	age and are minimed liability company's resident age	ent in Rhode Island is:			
5	. The period of duration of the limited liability company is (if perpetual, so state) perpetual				
4	The date of its organization is 1/1/2008				
3	. The limited liability company is organized under the laws	of Florida			
2	The name, if different, under which it proposes to register	r and transact business in R	hode Island is:		
	Lawton Anesthesia, LLC				
1	. The name of the limited liability company is:				
fo	oreign limited liability company hereby applies for a Certifical stand, and for that purpose submits the following statement:	STA AT MAAIGERAHAA IA IIIIIII	56, as amended, the undersigne ict business in the state of Rhod		

Form No. 450 Revised: 12/05

10.	Management of the Limited Liability Con	mpany:			
A.	The limited liability company is to be ma	anaged v by its members. (If you have checked this box, go to item			
		<u>or</u>			
В.	The limited liability company is to be company has managers at the time address of each manager.)	e limited liability company is to be managed by one (1) or more managers. (If the limited liability impany has managers at the time of the filing of these Articles of Organization, state the name and diress of each manager.)			
	Manager	<u>Address</u>			
11. Thi aut	s application is accompanied by a certifi horized officer of the jurisdiction under w	cate of good standing duly authenticated by the secretary of state or other hich the foreign limited liability company was organized.			
		Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.			
Date:	January 1, 2011	Lawton Anesthesia, LLC			
		Print Exact Name of Limited Liability Company Making Application			
	E	By San			
		Signature of authorized person			

State of Florida Department of State

I certify from the records of this office that LAWTON ANESTHESIA, LLC is a limited liability company organized under the laws of the State of Florida, filed on January 16, 2009, effective January 30, 2008.

The document number of this limited liability company is L09000006066.

I further certify that said limited liability company has paid all fees due this office through December 31, 2010, that its most recent annual report was filed on February 6, 2010, and its status is active.

I further certify that said limited liability company has not filed Articles of Dissolution.

Given under my hand and the Great Seal of Florida, at Tallahassee, the Capital, this the Twenty Third day of December, 2010

) Secretary of State



Authentication ID: 700188989847-122310-L0900006066

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

https://efile.sunbiz.org/certauthver.html



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

