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Walters Kluwer business

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804 217 7255 tel
804 217 8086 fax
www.ctlegalsolutions.com

0801 3 0373

Clerk's Office
State Corporation Commission
1300 E. Main Street
Richmond, Virginia 23219

LFS 1-10-08
[Handwritten signature]

Date: 1/9/2008
Entity Name: Women's Health Center of SWVA, LLC
Order Number: 7122811 SO

Please file the attached on behalf of the above entity's documents as identified below:

Documents Requested		Instructions
Articles of Incorporation/Organization	X	Cert. copy of articles of org.
Certificate of Authority/Qualification		
Certificate of Limited Partnership		
Amendment		
Merger		
Dissolution/Termination/Withdrawal		
Reinstatement		
Name Reservation/Renewal		
Fictitious Name		
Registered Agent Change		
Other/Cancellation		

Special Instructions:

Check(s) in the amount of \$200.00 enclosed.
Please call when evidence is available and hold documents for pickup.
If there are any problems with the filing, please call us at (804) 217-7255.

Thank you.

John Manali
CT Corporation System
Richmond Fulfillment Office

Eip $\frac{100}{100} = 200$ 1/9/2008
[Handwritten initials]

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S246051-9





SCC21.2
(04/07)

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION
CLERK'S OFFICE
1300 E MAIN ST
RICHMOND, VA 23219
(804) 371-9733
(866) 722-2551 Toll-free in Virginia

Expedited Service Request Business Entity Filing

Read Information & Instructions pages before completing this form

This form MUST be completed and placed on top of EACH document that is submitted for expedited review and processing.

Entity Name: Women's Health Center of SWVA, LLC	Entity's SCC ID No. (if known):
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<p>Return Evidence of Filing To: (Correspondent's name and address)</p> <p>CT Corporation System 4701 Cox Road Suite 301 Glen Allen, Virginia 23060-6802</p> <p>Contact Person John Manall Phone Number: (804) 217-7255 Fax Number: (804) 217-8086 E-mail: John.Manall@wolterskluwer.com</p>	<p>Return Evidence of Filing By: (mark all that apply)</p> <p><input checked="" type="checkbox"/> Hold for Pickup (Available at 4:00 p.m.)</p> <p><input type="checkbox"/> First-Class Mail</p> <p><input type="checkbox"/> USPS Express Mail (Prepaid envelope required.)</p> <p><input type="checkbox"/> Overnight via <input type="checkbox"/> UPS <input type="checkbox"/> Fed Ex (Completed airbill with account number required.)</p> <p><input type="checkbox"/> Fax (Additional charge of \$25. Only available for Expedited Filings, Categories A and C.)</p> <p style="text-align: center;">Complete, if not correspondent:</p> <p>Name: _____ Fax No.: () _____ - _____</p>
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<p style="text-align: center;">--- See Information & Instructions for description of categories. ---</p> <p>Expedited Service(s) Requested: (mark service requested)</p> <p><input checked="" type="checkbox"/> Category A Expedite Business Entity Document listed in Schedule A</p> <p style="margin-left: 20px;"><input type="checkbox"/> Same Day Service (In by Noon) \$ 200</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Next Day Service (In by 4:00 p.m.) \$ 100</p> <p><input type="checkbox"/> Category B Preliminary Review of a Document listed in Schedule A (2nd Business Day Service Only - In by 4:00 p.m.) \$ 50 (Note: No fee if document is a preliminary review resubmission within 30 days of initial submission.)</p> <p><input type="checkbox"/> Category C Expedite Business Entity Document listed in Schedule C (Next Day Service Only - In by 4:00 p.m.) \$ 50</p>	<p style="text-align: center;">FOR OFFICE USE ONLY</p> <p style="text-align: center;">***Expedite Fee(s): 080109 0602 (does not include filing fee(s) - see footnote)</p> <p style="text-align: center; font-size: small;">2008 JAN -9 PM 12:31 SJC-CLERK'S OFFICE</p> <p style="text-align: center;">I/O <input type="checkbox"/> </p>
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2003 JAN -9 AM 11:45

SCC-CLERK'S OFFICE

THEODORE V. MORRISON, JR.
CHAIRMAN

MARK C. CHRISTIE
COMMISSIONER

JUDITH WILLIAMS JACOBSON
COMMISSIONER

COMMONWEALTH OF VIRGINIA



JOEL H. PECK
CLERK OF THE COMMISSION
P.O. BOX 1197
RICHMOND, VIRGINIA 23218-1197

STATE CORPORATION COMMISSION
Office of the Clerk

January 10, 2008

CT CORPORATION SYSTEM
JOHN MANALL
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802

RE Women's Health Center of SWVA, LLC
ID S246051 - 9
DCN 08-01-09-0602

Dear Customer:

This is your receipt for \$100.00 to cover the fee(s) for filing articles of organization for a limited liability company with this office.

This is also your receipt for \$100.00 to cover the fee(s) for expedited service(s).

The effective date of the certificate of organization is January 10, 2008.

Thank you for contacting our office. If you have any questions, please call (804) 371-9733 or toll-free in Virginia, (866) 722-2551.

Sincerely,

A handwritten signature in black ink that reads "Joel H. Peck". The signature is written in a cursive, flowing style.

Joel H. Peck
Clerk of the Commission

RECEIPTLC
LLNCD
CIS0322

**COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

AT RICHMOND, JANUARY 10, 2008

The State Corporation Commission has found the accompanying articles submitted on behalf of

Women's Health Center of SWVA, LLC

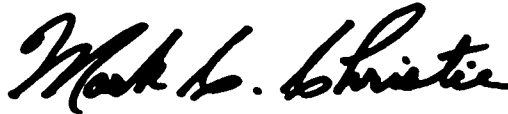
**to comply with the requirements of law, and confirms payment of all required fees. Therefore, it
is ORDERED that this**

CERTIFICATE OF ORGANIZATION

**be issued and admitted to record with the articles of organization in the Office of the Clerk of the
Commission, effective January 10, 2008**

STATE CORPORATION COMMISSION

By



Commissioner

**DLLCACPT
CIS0322
08-01-09-0602**



LLC-1011
(07/06)

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

ARTICLES OF ORGANIZATION OF A
DOMESTIC LIMITED LIABILITY COMPANY

Pursuant to Chapter 12 of Title 13.1 of the Code of Virginia the undersigned states as follows:

1. The name of the limited liability company is

Women's Health Center of SWVA, LLC

(The name must contain the words limited company or Limited Liability company or the abbreviation L.C., LC, L.L.C. or LLC)

2. A. The name of the limited liability company's initial registered agent is

C T Corporation System

B. The registered agent is (mark appropriate box):

(1) an INDIVIDUAL who is a resident of Virginia and

- a member or manager of the limited liability company.
- a member or manager of a limited liability company that is a member or manager of the limited liability company
- an officer or director of a corporation that is a member or manager of the limited liability company
- a general partner of a general or limited partnership that is a member or manager of the limited liability company
- a trustee of a trust that is a member or manager of the limited liability company.
- a member of the Virginia State Bar

OR

(2) a domestic or foreign stock or nonstock corporation, limited liability company or registered limited liability partnership authorized to transact business in Virginia.

3. The limited liability company's initial registered office address, including the street and number, if any, which is identical to the business office of the initial registered agent, is

4701 Cox Road, Suite 501 Glen Allen VA 23060-6802
(number/street) (city or town) (state) (zip)

which is physically located in the county or city of Henrico

4. The limited liability company's principal office address, including the street and number, is

One Park Plaza Nashville TN 37203
(number/street) (city or town) (state) (zip)

Organizer(s):

Dora A. Blackwood 1/7/2008
(signature) (date)

Dora A. Blackwood 615-344-2162
(printed name) (telephone number (optional))

SEE INSTRUCTIONS ON THE REVERSE

