



1011060114

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COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

Office of the Clerk

November 15, 2010

CT CORPORATION SYSTEM  
KATIE E BUSH  
4701 COX RD STE 301  
\*\*HOLD FOR P/UP\*\*  
GLEN ALLEN, VA 23060

## RECEIPT

RE: Women's Health Center of SWVA, LLC

ID: S246051 - 9

DCN: 10-11-15-1044

Dear Customer:

This is your receipt for \$10.00 to cover the fee for filing each attested copy of an assumed or fictitious name certificate for the above-referenced limited liability company conducting business under the following assumed or fictitious name(s):

LEWISGALE PHYSICIANS FIRST STREET  
(PULASKI CO)

This is also your receipt for \$50.00 to cover the fee(s) for expedited service(s).

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,

Joel H. Peck  
Clerk of the CommissionLLFNACPT  
CIS0313

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

**Date:** November 12, 2010  
**Entity Name:** Women's Health Center of SWVA, LLC (LewisGale Physicians First Street)  
**Order Number:** 7991859 SO/KB

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

Documents Requested		Instructions
Articles of Incorporation/Organization		
Certificate of Authority/Qualification		
Certificate of Limited Partnership		
Amendment		
Merger		
Dissolution/Termination/Withdrawal		
Reinstatement		
Name Reservation/Renewal		
Fictitious Name	X	1 CC of assumed name
Registered Agent Change		
Other		

**Special Instructions:**

Check(s) in the amount of \$60.00 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,

*Katie Bush*

Katie E. Bush  
CT Corporation System  
Richmond Fulfillment Office





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

SCC21.2  
 (04/09)

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# 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 submission (so it can be readily identified as a request for expedited review and processing).**

<b>Entity Name:</b> Women's Health Center of SWVA, LLC (LewisGale Physicians First Street)	<b>Entity's SCC ID No. (if known):</b> S246051-9
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<b>Return Evidence of Filing To:</b> (Correspondent's name and address)  CT Corporation System 4701 Cox Road Suite 301 Glen Allen, Virginia 23060-6802  Contact Person: Katie Bush Phone Number: (804) 217-7255 Fax Number: (804) 217-8086 E-mail: <a href="mailto:Katie.Bush@wolterskluwer.com">Katie.Bush@wolterskluwer.com</a>	<b>Return Evidence of Filing By:</b> (mark all that apply)  <input checked="" type="checkbox"/> Hold for Pickup (Available at 4:00 p.m.)  <input type="checkbox"/> First-Class Mail  <input type="checkbox"/> USPS Express Mail (Prepaid envelope required.)  <input type="checkbox"/> Overnight via <input type="checkbox"/> UPS <input type="checkbox"/> Fed Ex (Completed airbill with account number required.)  <input type="checkbox"/> Fax (Additional charge of \$25. Only available for Expedited Filings. Categories A and C.)  Complete, if <b>not</b> correspondent:  Name: _____  Fax No.: (     ) _____ - _____
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<p style="text-align: center;">~~~ See Information &amp; Instructions for description of categories. ~~~</p> <table style="width: 100%;"> <tr> <td style="width: 45%;"><b>Expedited Service(s) Requested:</b> (mark service requested)</td> <td style="width: 55%; text-align: right;"><b>***Expedite Fee(s):</b> ***(does not include filing fee(s) – see footnote)</td> </tr> </table> <input type="checkbox"/> <b>Category A</b> Expedite Business Entity Document listed in Schedule A <table style="width: 100%; margin-left: 20px;"> <tr> <td><input type="checkbox"/> Same Day Service (In by Noon)</td> <td style="text-align: right;">\$ 200</td> </tr> <tr> <td><input type="checkbox"/> Next Day Service (In by 4:00 p.m.)</td> <td style="text-align: right;">\$ 100</td> </tr> </table> <input type="checkbox"/> <b>Category B</b> Preliminary Review of a Document listed in Schedule A (2 <sup>nd</sup> Business Day Service Only – In by 4:00 p.m.) (Note: No fee if document is a preliminary review resubmission within 30 days of initial submission.) <table style="width: 100%; margin-left: 20px;"> <tr> <td></td> <td style="text-align: right;">\$ 50</td> </tr> </table> <input checked="" type="checkbox"/> <b>Category C</b> Expedite Business Entity Document listed in Schedule C (Next Day Service Only – In by 4:00 p.m.) <table style="width: 100%; margin-left: 20px;"> <tr> <td></td> <td style="text-align: right;">\$ 50</td> </tr> </table> <input type="checkbox"/> Reinstatement Packet <table style="width: 100%; margin-left: 20px;"> <tr> <td></td> <td style="text-align: right;">\$ 50</td> </tr> </table>	<b>Expedited Service(s) Requested:</b> (mark service requested)	<b>***Expedite Fee(s):</b> ***(does not include filing fee(s) – see footnote)	<input type="checkbox"/> Same Day Service (In by Noon)	\$ 200	<input type="checkbox"/> Next Day Service (In by 4:00 p.m.)	\$ 100		\$ 50		\$ 50		\$ 50	<b>FOR OFFICE USE ONLY</b>          I/O <input type="checkbox"/>
<b>Expedited Service(s) Requested:</b> (mark service requested)	<b>***Expedite Fee(s):</b> ***(does not include filing fee(s) – see footnote)												
<input type="checkbox"/> Same Day Service (In by Noon)	\$ 200												
<input type="checkbox"/> Next Day Service (In by 4:00 p.m.)	\$ 100												
	\$ 50												
	\$ 50												
	\$ 50												

1011060114

CERTIFICATE OF ASSUMED OR FICTITIOUS NAME

Commonwealth of Virginia

101115 1044
101115 1045

This is to certify that the below named person, partnership, limited liability company or corporation intends to conduct or transact business under an assumed or fictitious name in the [ ] City [\*] County of Pulaski

1. The ASSUMED OR FICTITIOUS NAME of business

LewisGale Physicians First Street

2. The above business is owned by the following entity type:

[ ] SOLE PROPRIETORSHIP (Complete A below) [ ] PARTNERSHIP (Complete B below) [\*] LIMITED LIABILITY COMPANY (Complete C below) [ ] CORPORATION (Complete D below)

A. NAME OF OWNER

RESIDENCE ADDRESS

POST OFFICE ADDRESS

B. NAME OF PARTNERSHIP

OFFICE ADDRESS

POST OFFICE ADDRESS

(1) Is this a general partnership? [ ] NO [ ] YES. If YES, complete the Statement of Partners on Page Two of Two.

(2) Is this a domestic limited partnership? [ ] NO [ ] YES. If YES, a certified copy of this certificate must be filed with the State Corporation Commission. Va. Code § 59.1-70.

(3) Is this a foreign limited partnership? [ ] NO [ ] YES. If YES, indicate the date of the certificate of registration to transact business in the Commonwealth of Virginia issued by the State Corporation Commission:

A certified copy of this certificate must be filed with the State Corporation Commission. Va. Code § 59.1-70.

C. NAME OF [ ] CORPORATION [\*] LIMITED LIABILITY COMPANY

Women's Health Center of SWVA, LLC

OFFICE ADDRESS

One Park Plaza - Legal Dept. Nashville, TN 37203

POST OFFICE ADDRESS

PO Box 750 Nashville, TN 37202

(1) A corporation or limited liability company must file a certified copy of this certificate with the State Corporation Commission. Va. Code § 59.1-70.

(2) Is this a foreign corporation or a foreign limited liability company? [\*] NO [ ] YES. If YES, indicate the date of the certificate of authority/registration to transact business in the Commonwealth of Virginia issued by the State Corporation Commission:

ACKNOWLEDGMENT

I certify that the foregoing is true and correct to the best of my knowledge and belief.

Sole Proprietorship

NAME OF OWNER

SIGNATURE OF OWNER

Partnership

NAME OF GENERAL PARTNER

SIGNATURE OF GENERAL PARTNER

Corporation

NAME OF PRESIDENT

SIGNATURE OF PRESIDENT

Limited Liability Company

A. Bruce Moore, Jr.

NAME OF MEMBER/MANAGER

SIGNATURE OF MEMBER/MANAGER

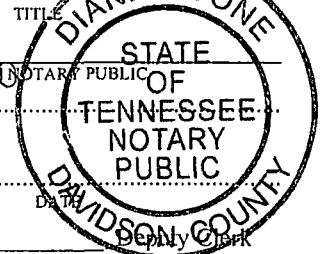
[ ] City of Davidson County of

State/Commonwealth of Tennessee

Subscribed and acknowledged before me, this 29th day of September, 2010

by A. Bruce Moore, Jr. Manager

Signature of Notary Public



My commission expires May 2, 2011

[ ] CLERK/DEPUTY CLERK [X] NOTARY PUBLIC

CLERK'S OFFICE

Filed in the Clerks' Office of the

Circuit Court on

Clerk by

TESTED: MARTHA H. CRAWL, CLERK

BY: Justin L. Albert, Clerk