



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
11/06/2001	200131001304	ARTICLES OF ORGANIZATION/DOM. LLC (LCA)	125.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

HEMMER SPOOR PANGBURN DEFRANK AND KASSON PLLC
250 GRANDVIEW DR, STE 200
ATTN JANIE M. RATLIFF
FT MITCHELL, KY 41017

S T A T E O F O H I O**Ohio Secretary of State, J. Kenneth Blackwell****1267748**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

SABER HEALTHCARE GROUP, L.L.C.

and, that said business records show the filing and recording of:

Document(s)

ARTICLES OF ORGANIZATION/DOM. LLC

Document No(s):

200131001304

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 6th day of November,
A.D. 2001.

J. Kenneth Blackwell
Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Please obtain fee amount and mailing instructions from the **Filing Reference Guide** (using the 3 digit form # located at the bottom of this form). To obtain the Filing Reference Guide or for assistance, please call Customer Service:

Central Ohio: (614)-466-3910 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

Expedite is an additional fee
of \$100.00

☐ Expedite

ARTICLES OF ORGANIZATION

(Under Section 1705.04 of the Ohio Revised Code)
Limited Liability Company

The undersigned, desiring to form a limited liability Company, under Chapter 1705 of the Ohio Revised Code, do hereby state the following:

FIRST: The name of said limited liability company shall be:

Saber Healthcare Group, L.L.C.

(the name must include the words "limited liability company", "limited", "Ltd.", "Ltd", "LLC", or "L.L.C.")

SECOND (OPTIONAL) This limited liability company shall exist for perpetual duration

THIRD: The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is (OPTIONAL) :

(street address or post office box)

(city, village, or township)

(state)

(zip code)

☐ Please check this box if additional provisions are attached.

Provisions attached hereto are incorporated herein and made a part of these articles of organization.

2001 NOV - 6 PM 1:13

J. Kenneth Blackwell
Secretary of State

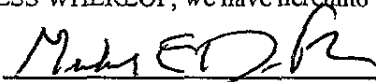
FOURTH: Purpose (optional)

IN WITNESS WHEREOF, we have hereunto subscribed our names on

November 5, 2001

(date)

Signed



Name: Michael E. DeFrank

Signed

Name: _____

Signed

Name: _____

Signed

Name: _____

Signed

Name: _____

Signed

Name: _____

Signed

Name: _____

Signed

Name: _____

Signed

Name: _____

Signed

Name: _____

(If insufficient space for all signatures, please attach a separate sheet containing additional signatures)



J. Kenneth Blackwell

Prescribed by:
J. Kenneth Blackwell
 Secretary of State
 30 East Broad St. LL
 Columbus, Ohio 43266-0418

ORIGINAL APPOINTMENT OF AGENT

(for limited liability company)

The undersigned, being at least a majority of the members of Saber Healthcare Group, L.L.C.,
 (name of limited liability company)
 hereby appoint Ronal R. Newbanks to be the agent upon whom any process, notice or
 (name of agent)
 demand required or permitted by statute to be served upon the limited liability company may be served. The complete address
 of the agent is:

8044 Montgomery Road, Suite 624

(street address P.O. Boxes are not acceptable)

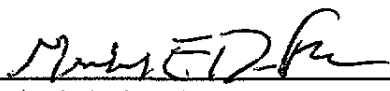
Cincinnati

, Ohio

45236

(city, village, township)

(zip)

By: 

(authorized member, manager, or representative)

Name: Michael E. DeFrank

By: _____

(authorized member, manager, or representative)

Name: _____

By: _____

(authorized member, manager, or representative)

Name: _____

By: _____

(authorized member, manager, or representative)

Name: _____

By: _____

(authorized member, manager, or representative)

Name: _____

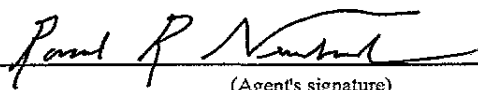
By: _____

(authorized member, manager, or representative)

Name: _____

ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for Saber Healthcare Group, L.L.C.,
 (name of limited liability company)
 hereby acknowledges and accepts the appointment of agent for said limited liability Company.


 (Agent's signature)