



**The Commonwealth of Massachusetts**  
**William Francis Galvin**

Minimum Fee: \$500.00

Secretary of the Commonwealth, Corporations Division  
 One Ashburton Place, 17th floor  
 Boston, MA 02108-1512  
 Telephone: (617) 727-9640

**Annual Report**  
 (General Laws, Chapter )

**Federal Employer Identification Number:** 001113916 (must be 9 digits)

**Annual Report Filing Year:** 2014

**1.a. Exact name of the limited liability company:** NATIONAL CIVIL SURGEON, LLC

**1.b. The exact name of the limited liability company as amended, is:** NATIONAL CIVIL SURGEON, LLC

**2a. Location of its principal office:**

No. and Street: 395A NORTH STREET, SUITE 260  
 City or Town: PITTSFIELD State: MA Zip: 01201 Country: USA

**2b. Street address of the office in the Commonwealth at which the records will be maintained:**

No. and Street: 395A NORTH STREET, SUITE 260  
 City or Town: PITTSFIELD State: MA Zip: 01201 Country: USA

**3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:**  
HEALTH CARE

**4. The latest date of dissolution, if specified:**

**5. Name and address of the Resident Agent:**

Name: RAEPH LAUGHINGWELL, MD  
 No. and Street: 395A NORTH STREET, SUITE 260  
 City or Town: PITTSFIELD State: MA Zip: 01201 Country: USA

**6. The name and business address of each manager, if any:**

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	RAEPH LAUGHINGWELL	395A NORTH STREET, SUITE 260 PITTSFIELD, MA 01201 USA

**7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.**

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
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SOC SIGNATORY

RAEPH LAUGHINGWELL, MD

395A NORTH STREET, SUITE 260  
PITTSFIELD, MA 01201 USA

**8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	RAEPH LAUGHINGWELL, MD	395A NORTH STREET, SUITE 260 PITTSFIELD, MA 01201 USA

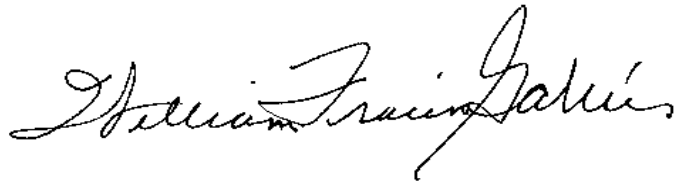
**9. Additional matters:**

**SIGNED UNDER THE PENALTIES OF PERJURY, this 5 Day of September, 2014,  
RAEPH LAUGHINGWELL , Signature of Authorized Signatory.**

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

September 05, 2014 03:43 PM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive style with a large, prominent initial "W".

WILLIAM FRANCIS GALVIN

*Secretary of the Commonwealth*