ARTICLES OF ORGANIZATION

Corporation Division
sos.oregon.gov/business

E-FILED
Feb 09, 2026
OREGON SECRETARY OF STATE

REGISTRY NUMBER

252877296

TYPE

DOMESTIC LIMITED LIABILITY COMPANY

1. ENTITY NAME

LANE EMERGENCY PHYSICIANS LLC

2. MAILING ADDRESS

5665 NEW NORTHSIDE DR STE 320
ATLANTA GA 30328 USA

3. PRINCIPAL PLACE OF BUSINESS

5665 NEW NORTHSIDE DR STE 320
ATLANTA GA 30328 USA

4. NAME & ADDRESS OF REGISTERED AGENT

15872088 - CORPORATION SERVICE COMPANY

1127 BROADWAY ST NE STE 310
SALEM OR 97301 USA

5. ORGANIZERS

MELISSA ATKINS

5665 NEW NORTHSIDE DR STE 320
ATLANTA GA 30328 USA

6. INDIVIDUALS WITH DIRECT KNOWLEDGE

JOHNE PHILIP CHAPMAN

5665 NEW NORTHSIDE DR STE 320
ATLANTA GA 30328 USA

7. DURATION

PERPETUAL

8. MANAGEMENT

This Limited Liability Company will be manager-managed by one or more managers

9. PROFESSIONAL SERVICES

Physicians

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, managers, members or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE

NAME

MELISSA ATKINS

TITLE

ORGANIZER

DATE

02-09-2026