Filing Fee: $50.00 **ID Number:** 56571

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

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STATE
CORPORATIONS DIV.

FICTITIOUS BUSINESS NAME STATEMENT

Pursuant to the provisions of Section 7-1.2-402, 7-16-9 or 7-13-2 of the General Laws of Rhode Island, 1956, as amended, the undersigned business corporation, limited liability company, or limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1. The legal name of the applicant business corporation, limited liability company or limited partnership is:
   Nittany Management, Inc.

2. The fictitious business name to be used is **Para Med-Ex**

3. The state or territory under the laws of which it is incorporated, organized or formed is **Rhode Island**

4. The date of incorporation, organization or formation is **June 15, 1979**

5. If a business corporation, the address of its registered office within Rhode Island is
   1221 Post Road, Warwick, Rhode Island 02888

6. If a business corporation, the business in which it is engaged
   To Conduct Paramedical Exams For Insurance Companies

7. Applicant is otherwise authorized to do business in the state of Rhode Island.

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: 12/29/08

Nittany Management, Inc.
Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By _____
Signature of Authorized Officer of the Corporation

or

By _____
Signature of Authorized Person for the Limited Liability Company

or

By _____
Signature of Authorized Person for the Limited Partnership

FILED
FEB 05 2009 1:44
By 080062
KCmC

Form No. 624
Revised: 12/05