Filing Fee: \$50.00

1D Number: 126207



Form No. 624 Revised: 12/05

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

2009 MAR -5

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:

		1.13
1.		
2.	The fictitious business name to be used is Mineral Spring Pediatrics, Inc.	
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 July 31, 2002	
5.	If a business corporation, the address of its registered office within Rhode Island is	
	967 Mineral Spring Avenue, North Providence, Rhode Island 02904	
6.	If a business corporation, the business in which it is engaged The practice of medicine and to transact any ar	nd
	all other lawful business under Title 7, Chapter 5.1 of the Rhode Island General laws, as amended.	
7.	Applicant is otherwise authorized to do business in the state of Rhode Island. Under penalty of perjury, I declare that the information containerein is true and correct.	ained
Date	te: 3(2/09 Santiago Medical Group, Inc.	
	By Signature of Authorized Officer of the Corporation Miguel Fuentes, MD	rship
-	By	ny
•	MAR 0 5 2009 By Signature of Authorized Person for the Limited Partnership	