

Filing Fee: \$50.00

ID Number: 000585068



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

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

**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:

- The legal name of the applicant business corporation, limited liability company or limited partnership is: Concentra Health Care, P.A., Co.
- The fictitious business name to be used is Concentra Primary Care
- The state or territory under the laws of which it is incorporated, organized or formed is Texas
- The date of incorporation, organization or formation is February 3, 2011
- If a business corporation, the address of its registered office within Rhode Island is 222 Jefferson Boulevard, Suite 200, Warwick, Rhode Island 02888
- If a business corporation, the business in which it is engaged medical services as a professional corporation
- Applicant is otherwise authorized to do business in the state of Rhode Island.

2011 JUL 5 AM 11:15  
APPROPRIATE

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

Date: June 24, 2011

Concentra Health Care, P.A., Co.  
Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By [Signature]  
Signature of Authorized Officer of the Corporation  
W. Tom Fogarty, MD, President  
or

By \_\_\_\_\_  
Signature of Authorized Person for the Limited Liability Company

or  
By \_\_\_\_\_  
Signature of Authorized Person for the Limited Partnership

**FILED**  
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By DS 11:15  
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# State of Rhode Island and Providence Plantations

**A. Ralph Mollis**

*Secretary of State*

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly  
executed in accordance with the provisions of Title 7 of the General Laws  
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

*Secretary of State*

