



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Business Corporation
Fictitious Business Name Statement**

(Section 7-1.2-402 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The legal name of the applicant business corporation is: Anesthesia Care, Inc.

SECTION II

The fictitious business name to be used is: Anesthesia Pain Consultants

SECTION III

The state or territory under the laws of which it is incorporated is
State: RI Country: USA

SECTION IV

The date of incorporation is 07/05/1994

SECTION V

The address of its registered office within Rhode Island is:

No. and Street: 150 MAIN STREET
City or Town: PAWTUCKET State: RI Zip: 02860-
Name: JAMES A. BRIDEN

SECTION VI

The business in which it is engaged
TO RENDER PROFESSIONAL MEDICAL SERVICES BY DULY LICENSED RI PHYSICIANS
SPECIALIZING IN ANESTHESIOLOGY.

SECTION VII

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

Signed this 4 Day of October, 2011 at 5:13:19 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

Anesthesia Care, Inc.

Name of Applicant Corporation

PETER E BAZIOTIS MD

Signature of Authorized Officer

Form No. 624

Revised 09/07

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