

Filing Fee: \$50.00

ID Number: 91206



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:

1. The legal name of the applicant business corporation, limited liability company or limited partnership is: University Foot Center, Inc.

2. The fictitious business name to be used is University Foot & Ankle Center, 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 09/05/1996

5. If a business corporation, the address of its registered office within Rhode Island is 72 Pine Street, Providence, RI 02903

6. If a business corporation, the business in which it is engaged To engage in the practice of podiatric surgery.

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

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SECRETARY OF STATE  
CORPORATIONS DIV  
2011 DEC 22 AM 11:34

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

Date: 12-20-11

University Foot Center, Inc.

Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By [Signature]  
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

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By 159204  
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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*

