

Filing Fee: \$50.00

ID Number: 793437



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

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

2012 OCT 4 PM 2:30

**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: C & R MEDICAL MANAGEMENT, LLC
- The fictitious business name to be used is DIAGNOSTIC MANAGEMENT SERVICES OF FLORIDA, INC.
- The state or territory under the laws of which it is incorporated, organized or formed is RHODE ISLAND
- The date of incorporation, organization or formation is SEPTEMBER 27, 2012
- If a business corporation, the address of its registered office within Rhode Island is \_\_\_\_\_
- If a business corporation, the business in which it is engaged \_\_\_\_\_
- 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: OCTOBER 3, 2012

C & R MEDICAL MANAGEMENT, LLC  
Name of Applicant Corporation, Limited Liability Company or Limited Partnership

**FILED**  
OCT 04 2012  
BY CL 180425  
2:30

By \_\_\_\_\_  
Signature of Authorized Officer of the Corporation

By [Signature]  
Signature of Authorized Person for the Limited Liability Company

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



# 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*

