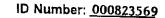
Filing Fee: \$50.00





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 corpora Prospect CharterCARE SJHSRI, LLC	ation, limited liability company or limited partnership is:	me.		
2.	The fictitious business name to be used is Fati	ima Hospital Cardiology Group			
3.	The state or territory under the laws of which it is	te or territory under the laws of which it is incorporated, organized or formed is Rhode Island			
4.	The date of incorporation, organization or formation	ion is			
5.	If a business corporation, the address of its regis	stered office within Rhode Island is c/o CT Corporat:	ion	ຕ່ Syste	
	450 Veterans Memorial Parkway, Sui	te 7A, East Providence, RI 02914	35		
6.		•	25		
			7	270	
7.	7. Applicant is otherwise authorized to do business in the state of Rhode Island.			- SOV	
		Under penalty of perjury, I declare that the informatio herein is true and correct.	n con	tained	
Date:3/19/14		Prospect CharterCARE SJHSRI, LLC			
		Name of Applicant Corporation, Limited Liability Company or Limite	id Parti	nership	
	FILED 10:09	BySignature of Authorized Officer of the Corporation			
В	MAR 25 2014 y 200730	By Signature of Authorized Person for the Limited Liability	/ Com	oany	
		Ву			
		Signature of Authorized Person for the Limited Partne	rship		

Form No. 624 Revised: 12/05