

Filing Fee: \$20.00

ID Number: 0084089



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

NON-PROFIT CORPORATION

FICTITIOUS BUSINESS NAME STATEMENT
(To Be Filed In Duplicate)

Pursuant to the provisions of Section 7-6-11 of the General Laws, 1956, as amended, the undersigned non-profit corporation hereby submits the following statement for authority to transact its affairs in the State of Rhode Island under a fictitious business name:

- 1 The name of the non-profit corporation is NW Health Center
- 2 The fictitious business name to be used is Northwest Radiology Associates *o.c. had previous*
- 3 The state or other jurisdiction under the laws of which it is incorporated is Rhode Island
- 4 The date of incorporation is April 15, 1995

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

Dated June, 1999

NW Health Center
(Name of Applicant Non-profit Corporation)

By *Peter Bancroft*
(Signature of Authorized Person)

Peter Bancroft, Treasurer
(Title)

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SECRETARY OF STATE
CORPORATIONS DIVISION
PROVIDENCE, RHODE ISLAND

FILED

JUN 18 1999

By *[Signature]*

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