

FILING FEE \$50.00

73023

FICTITIOUS BUSINESS NAME STATEMENT

To the Secretary of State
of the State of Rhode Island

Pursuant to the provisions of Section 7-1.1-7.1 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following statement for authority to transact business in the State of Rhode Island under a fictitious name:

FIRST: Fictitious Business name to be used Family Physicians of Newport *OK*

SECOND: Name of applicant corporation NHCC Medical Associates, Inc.

THIRD: Incorporated under the laws of Rhode Island

FOURTH: Date of incorporation July 1, 1993

FIFTH: Business in which engaged to support, encourage and coordinate the development of comprehensive, integrated health care-related services for the advancement and well-being of the community, through the employment of physicians and other health care practitioners and through all other relevant means in furtherance of the purposes of Newport Health Care Corporation.

SIXTH: Address of registered office within Rhode Island 11 Friendship Street,
Newport, R.I., 02840

SEVENTH: Applicant is otherwise qualified to do business in the State of Rhode Island.

Dated 1/21, 1994

NHCC Medical Associates, Inc.

By *[Signature]* (Applicant)
Its Chairman

AMT#29
115809