

Filing Fee: \$50.00

ID Number: 152231



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

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2006 AUG 15 PM 1:31

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: LUCIANO SZTOLMAN, MD, INC.
2. The fictitious business name to be used is EASTSIDE OBSTETRICS AND GYNICOLOGY
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 1-1-06
5. If a business corporation, the address of its registered office within Rhode Island is 1 RANDALL SQUARE Suite 401, Providence, RI, 02904
6. If a business corporation, the business in which it is engaged MEDICAL PRACTICE
7. 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: 5-19-06

LUCIANO SZTOLMAN, MD, INC
Name of Applicant Corporation, Limited Liability Company or Limited Partnership

FILED

AUG 15 2006

By AMF

21-081706

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