Filing Fee: \$1000 \$50.00

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			
		WEST BAY ORAL SURGEONS	· · · · · · · · · · · · · · · · · · ·
SECOND: Name of applicant corporatio	on		
ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES, LTD. THIRD: Incorporated under the laws of Rhode Island FOURTH: Date of incorporation June 30, 1970 FIFTH: Business in which engaged oral and maxillofacial surgery			
		Sixth: Address of registered office will also Dudley Street, Provide	ithin Rhode Island ence, Rhode Island 02905
		Seventh: Applicant is otherwise qua	ilified to do business in the State of Rhode Island.
		Dated June 26 , 19 96	ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES, LTD.
JUN 2 6 1596 By OB#9	· · · · · · · · · · · · · · · · · · ·		
169691 JUN 20 2 21, PH 96	By D Applicant)		
240 - 140 - 150 - 100 -	lts President		
FORM 32 SIRIS 10 ANY CAUSES CANIBORE			

WILLIAM R. MARTIN D.D.S., LTD.

To: Rhode Island Secretary of State

The undersigned corporation hereby authorizes Oral and Maxillo-facial Surgery Associates, Ltd., a Rhode Island corporation, to acquire the fictitious business name "West Bay Oral Surgeons," which was formerly the corporate name of this corporation.

Dated: JUNIC 26,1996

WILLIAM R. MARTIN D.D.S., LTD.

Procident

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