

Filing Fee \$30.00

**State of Rhode Island and Providence Plantations**

**ARTICLES OF AMENDMENT  
TO THE  
ARTICLES OF INCORPORATION  
OF**

**DRS. SAMMARTINO, DA SILVA, CONNOR & GEISLER, INC.**

Pursuant to the provisions of Section 7-1.1-56 of the General Laws, 1956, as amended, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

FIRST: The name of the corporation is  
DRS. SAMMARTINO, DA SILVA, CONNOR & GEISLER, INC.

SECOND: The shareholders of the corporation on April 28, 1981, in the manner prescribed by Chapter 7-1.1 of the General Laws, 1956, as amended, adopted the following amendment(s) to the Articles of Incorporation:

[Insert Amendment(s)]

"Article First: The name of the corporation is ORAL SURGERY ASSOCIATES, LTD."

THIRD: The number of shares of the corporation outstanding at the time of such adoption was 300; and the number of shares entitled to vote thereon was 300.

FOURTH: The designation and number of outstanding shares of each class entitled to vote thereon as a class were as follows: (if inapplicable, insert "none")

<u>Class</u>	<u>Number of Shares</u>
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NONE

FIFTH: The number of shares voted for such amendment was 300; and the number of shares voted against such amendment was 0.

SIXTH: The number of shares of each class entitled to vote thereon as a class voted for and against such amendment, respectively, was: (if inapplicable, insert "none")

<u>Class</u>	<u>Number of Shares Voted</u>	
	<u>For</u>	<u>Against</u>

NONE

SEVENTH: The manner, if not set forth in such amendment, in which any exchange, reclassification, or cancellation of issued shares provided for in the amendment shall be effected, is as follows: (if no change, so state) NO CHANGE.

EIGHTH: The manner in which such amendment effects a change in the amount of stated capital, and the amount of stated capital as changed by such amendment, are as follows: (if no change, so state) No change.

Dated July , 19 81 DRS. SAMMARTINO, DA SILVA, CONNOR & GEISLER, INC

By Cliff D. Sammartino

and Rudolph Heule

Its President  
Its Secretary

STATE OF RHODE ISLAND }  
COUNTY OF PROVIDENCE } Sc.

At Providence in said county on this 16<sup>th</sup> day of  
July, 1981, personally appeared before me CLARK A.  
SAMMARTINO, who, being by me first duly sworn, declared that he is the  
President of DRS. SAMMARTINO, DA SILVA, CONNOR &  
GEISLER, INC.  
that he signed the foregoing document as President of the  
corporation, and that the statements therein contained are true.

*Rosemarie Kieffer*  
Notary Public

(NOTARIAL SEAL)



NAME AND ADDRESS OF AGENCY

Starkweather & Shepley, Inc.  
 35 South Main Street  
 Providence, RI 02903

COMPANIES AFFORDING COVERAGES

- COMPANY LETTER **A** Federal Insurance Company
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

NAME AND ADDRESS OF INSURED

Oral Surgery Associates, Ltd.  
 60 Broadway  
 Providence, RI 02906

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of Liability in Thousands (000)		
					FACH OCCURRENCE	AGGREGATE
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> PREMISES OPERATIONS <input type="checkbox"/> EXPLOSION AND COLLAPSE HAZARD <input type="checkbox"/> UNDERGROUND HAZARD <input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS HAZARD <input type="checkbox"/> CONTRACTUAL INSURANCE <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input type="checkbox"/> INDEPENDENT CONTRACTORS <input type="checkbox"/> PERSONAL INJURY			BODILY INJURY	\$	\$
				PROPERTY DAMAGE	\$	\$
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
				PERSONAL INJURY		\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> NON OWNED			BODILY INJURY (EACH PERSON)	\$	
				BODILY INJURY (EACH ACCIDENT)	\$	
				PROPERTY DAMAGE	\$	
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
	<b>WORKERS' COMPENSATION and EMPLOYERS' LIABILITY</b>			STATUTORY	\$	
<b>A</b>	<b>OTHER</b> Professional Liability	35004315	11-2-81		\$1,000,000	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES

Professional Liability effective 7-20-81 and cover, in accordance with policy terms, employees of the Named Insured with limits of not less than \$100,000 per claim. Member of the Corporation: Dr. Clark Sammartino, Dr. Francis A. Connor, Dr. Richard R. Geisler, Dr. John C. Simkevich, and Dr. John P. DeSilva.

**Cancellation:** Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

NAME AND ADDRESS OF CERTIFICATE HOLDER

Secretary of State  
 State House  
 Providence, RI  
 Corp Division: Rachael Colcagni

DATE ISSUED 7-20-81

STARKWEATHER & SHEPLEY, INC.  
*Rachael Colcagni*  
 AUTHORIZED REPRESENTATIVE