

Filing Fee: \$50.00

ID Number: 57951

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

FICTITIOUS BUSINESS NAME STATEMENT
(To Be Filled In Duplicate)

Pursuant to the provisions of Section 7-1.1-7.1, 7-15-9 or 7-13-2 of the General Laws, 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: Rhode Island Therapy Services, Inc.
2. The fictitious business name to be used is Physical Therapy Services of Rhode Island
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 10/89
5. If a business corporation, the address of its registered office within Rhode Island is c/o Michael Noonan
P.O. Box 1438 North Kingstown, RI 02852
6. If a business corporation, the business in which it is engaged physical & occupational therapy
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: 9/29/00

Rhode Island Therapy Services, Inc.

Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By Michael S. Noonan President
Signature of Officer for the Corporation Title

or

By _____
Signature of Authorized Person for the Limited Liability Company

or

By _____
Signature of Authorized Person for the Limited Partnership

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