

Filing Fee: \$50.00

ID Number: 140462



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

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: Robert S. Gilardetti, D.M.D., M.D., Inc.
2. The fictitious business name to be used is South County Oral, Maxillofacial & Implant Surgical Center
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 05/28/04
5. If a business corporation, the address of its registered office within Rhode Island is 691 Kingstown Road
Wakefield, RI 02879
6. If a business corporation, the business in which it is engaged Practice of the dental and medical
specialty of oral and maxillofacial surgery.
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: 7/20/05

Robert S. Gilardetti, D.M.D., M.D., Inc.

Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By [Signature]

Signature of Authorized Officer of the Corporation

Robert S. Gilardetti, D.M.D., M.D.

or

By _____

Signature of Authorized Person for the Limited Liability Company

or

By _____

Signature of Authorized Person for the Limited Partnership

FILED

JUL 26 2005

By [Signature]

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