ID Number: 47776



Filing Fee: \$50.00

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 Filed In Duplicate)

Pursuant to the provisions of Section 7-1.1-7.1, 7-16-9 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.	1. The legal name of the applicant business corporation, li OPEN MRI OF NEW ENG	mited liability company or limited partnership is: (LAND, INC · (ENTITY # 97,276) ·
2.	The fictitious business name to be used is OPEN-SIDED MRI OF NEW ENGLAND	
3.	3. The state or territory under the laws of which it is incorp	orated, organized or formed is
4.	4. The date of incorporation, organization or formation is	10/20/1997
5		office within Rhode Island is 525 BROAD ST,
6.	6. If a business corporation, the business in which it is eng	paged OUTPATIENT MAGNETIC RESONANCE
7.	7. Applicant is otherwise authorized to do business in the state of Rhode Island.	
		ider penalty of perjury, I declare that the information contained rein is true and correct.
Da		OFEN MKI OF NEW ENGLAND, INC. ame of Applicant Corporation, Limited Liability Company or Limited Partnership
	FILED JAN 0 7 2000 By (CT 43 2 7 6 6)	Signature of Officer for the Corporation Or Or
	Бу	-
		<u>or</u>
	By (1) (1) (2) (3) (4) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Signature of Authorized Person for the Limited Partnership