

Filing Fee: \$50.00

ID Number: 128785



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. The legal name of the applicant business corporation, limited liability company or limited partnership is: BACK PAIN INSTITUTE OF RHODE ISLAND LLC
2. The fictitious business name to be used is PAIN INSTITUTE OF RHODE ISLAND
3. The state or territory under the laws of which it is incorporated, organized or formed is RI
4. The date of incorporation, organization or formation is 1/1/2003
5. If a business corporation, the address of its registered office within Rhode Island is 134 THUMBUS AV STE 205, PROVIDENCE, RI 02905
6. If a business corporation, the business in which it is engaged HEALTH CARE
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: 9-11-2003

FILED
SEP 11 2003
By 15471

BACK PAIN INSTITUTE OF RHODE ISLAND
Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By [Signature] / Title

Signature of Officer for the Corporation

or

By _____
Signature of Authorized Person for the Limited Liability Company

or

By _____
Signature of Authorized Person for the Limited Partnership