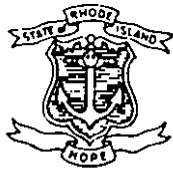


Filing Fee: \$50.00

ID Number: 105099



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

RECEIVED
JUN 16 AM 11:59

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: Asthma & Allergy Physicians of Rhode Island, Inc.
2. The fictitious business name to be used is A to Z Primary Care
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 March 2, 1999
5. If a business corporation, the address of its registered office within Rhode Island is One Citizens Plaza, 8th Floor, Providence, RI 02903
6. If a business corporation, the business in which it is engaged medical practice
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: June 14, 2005

Asthma & Allergy Physicians of Rhode Island, Inc.

Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By

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

FILED

JUN 16 2005

By KMC

MG4355