

892063

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

CERTIFICATE OF  
ASSUMED NAME

This certifies that BAROUKH E. LEVI, M.D., P.C., is doing business in Lake County, State of Indiana, under the name and style of LAKE ANESTHESIOLOGISTS, a Partnership, that the principal office thereof is located at St. Catherine's Hospital, 4321 Fir Street, East Chicago, Indiana, 46312, and that the name and residence of each and every person engaging in said business having an interest therein as follows, to-wit:

NAME OF PARTNER

RESIDENCE

MANGAHAS MEDICAL CORPORATION

4716 Indianapolis Blvd.  
East Chicago, IN 46312

KOOROSH BANAYAN, M.D.

St. Catherine's Hospital  
4321 Fir Street  
East Chicago, IN 46312

BAROUKH E. LEVI, M.D., P.C.

St. Catherine's Hospital  
4321 Fir Street  
East Chicago, IN 46312

and that this Certificate is filed with the Recorder of Lake County, Indiana, pursuant to the Indiana Code.

IN WITNESS WHEREOF, I have set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 198\_\_.

LUCAS, HOLCOMB & MEDREA  
Attorneys for  
LAKE ANESTHESIOLOGISTS,  
A Partnership

DEC 18 2 02 P.M. 1988  
RUDOLPH C. ...  
RECORDER

By: James A. Holcomb  
James A. Holcomb  
1000 E. 80th Place  
Suite 606 South  
Merrillville, IN 46410

This instrument prepared by: James A. Holcomb, LUCAS, HOLCOMB & MEDREA, 1000 East 80th Place, Suite 606, Merrillville, IN 46410.

*(Handwritten mark)*

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