

092885



CERTIFICATE OF ASSUMED BUSINESS NAME

State Form 30353 (R4/3-87)
Approved by State Board of Accounts 1987

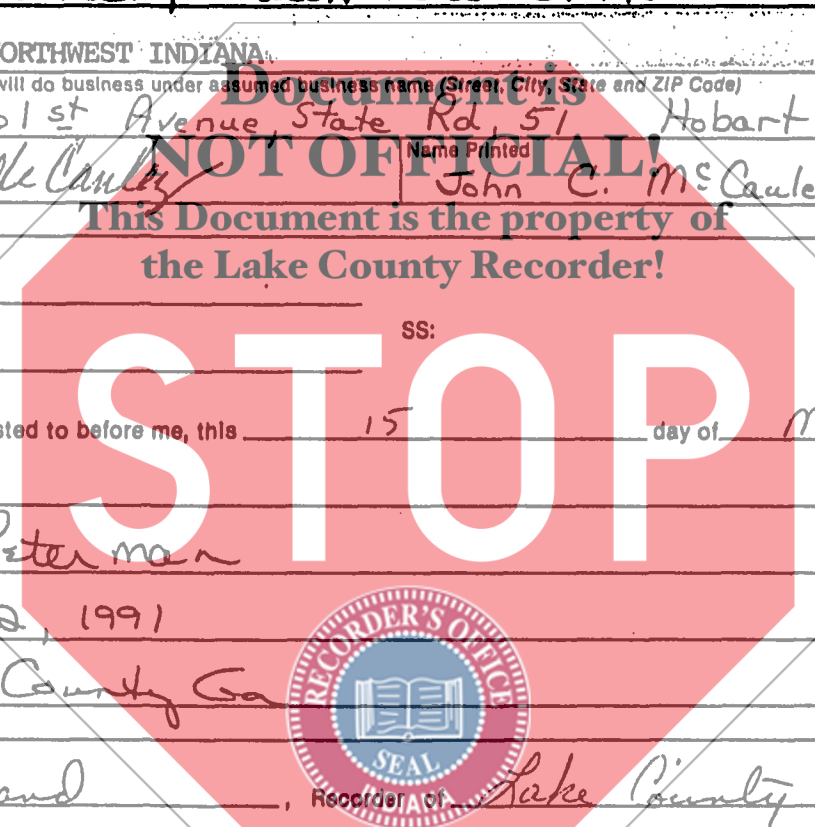
Provided by: EVAN BAYH
Secretary of State of Indiana
155 State House
Indianapolis, Indiana 46204
(317) 232-6576

INSTRUCTIONS: (CORPORATIONS ONLY)

This certificate must first be recorded in the office of County Recorder of each county in which a place of business or office is located. A copy of the certificate, certified by the County Recorder, must be filed with the Secretary of State. Indiana Code 23-15-1-1

Fee for filing with the Secretary of State: \$30.00 or \$45.00, if a certificate issued by the Secretary of State is desired.

1. Name of Corporation: CHARTER MEDICAL - LAKE COUNTY, INC.
2. Date of Incorporation / Admission: January 11, 1985
3. Principal Office Address: 577 Mulberry Street, Macon, Ga 31298
4. Assumed Business Name(s): CHARTER HOSPITAL OF NORTHWEST INDIANA
5. Address at which the Corporation will do business: 101 West 61st Avenue, State Rd, 51, Hobart In 46342
6. Signature: John C. McCauley, Vice President



STATE OF GEORGIA

COUNTY OF Bibb

Subscribed and sworn or attested to before me, this 15 day of March 19 90.

Notary Public

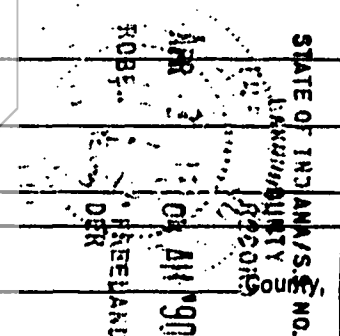
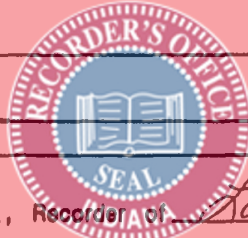
Judy L. Peterman

My Notarial Commission Expires:

March 22, 1991

My County of Residence is:

Bibb County Ga



I, Robert Ireland, Recorder of Lake County

State of Indiana, certify that the foregoing is a true copy of the Certificate of Assumed Business Name recorded in my office on the 3rd day of April 19 90.

Recorder Signature

Robert Ireland

This instrument was prepared by

John C. McCauley, V.P.

C.T. Corp. System
Attn Mary G King
2 Peachtree St N.W. Bldg 1111
Atlanta Ga 30353

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