

92074640



CERTIFICATE OF ASSUMED BUSINESS NAME

State Form 30053 (R 5) 11-86
Approved by State Board of Accounts 1906

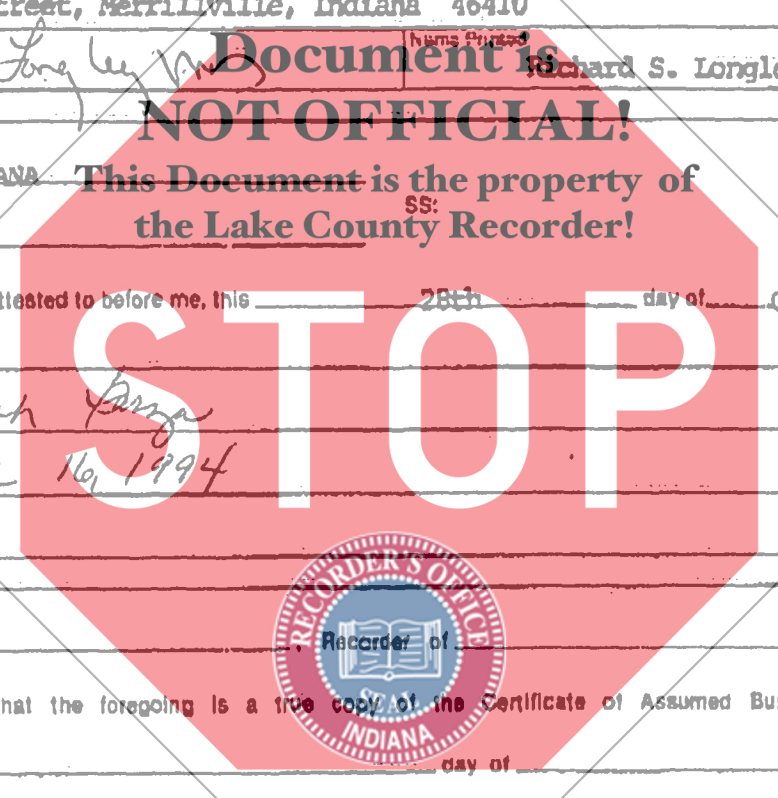
Provided by: JOSEPH HOGSETT
Secretary of State of Indiana
155 State House
Indianapolis, Indiana 46204
(317) 232-8576

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, For-Profit Corporations or \$25.00, Not-For-Profit Corporations. A certificate issued by the Secretary of State is an additional \$15.00.

1. Name of Corporation Thyroid & Diabetes Management Center, Ltd., P.C.	2. Date of Incorporation / Admission
3. Principal Office Address of the Corporation (Street, City, State and ZIP Code) 6111 Harrison Street, Merrillville, Indiana 46410	
4. Assumed Business Name(s) Thyroid & Diabetes Management Center, Ltd.	
5. Address at which the Corporation will do business under assumed business name (Street, City, State and ZIP Code) 6111 Harrison Street, Merrillville, Indiana 46410	
Signature <i>Richard S. Longley, M.D.</i>	Name Printed Richard S. Longley, M.D.



STATE OF INDIANA COUNTY OF LAKE

Subscribed and sworn or attested to before me, this 28th day of October 19 92.

Notary Public *Deborah Prange*
My Notarial Commission Expires: *March 1st 1994*
My County of Residence is: *Lake*

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 _____ day of _____ 19 _____.

Recorder Signature _____

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
NOV 24 11 10 AM '92
ROBERT L. ...

This instrument was prepared by **George W. Carberry, Attorney at Law, 8585 Broadway, Suite 610, Merrillville, IN 46410**

Return to:
Burke, Murphy, Costanza & Cuppy
8585 Broadway
Merrillville IN 46410

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