



CERTIFICATE OF ASSUMED BUSINESS NAME

State Form 30353 (R6 / 10-93)
State Board of Accounts Approved 1987

Provided by Joseph Hogsell, Secretary of State
SECRETARY OF STATE OF INDIANA
CORPORATIONS DIVISION
302 W. WASHINGTON ST., RM. E018
INDIANAPOLIS IN 46204
TELEPHONE: (317) 232-6576

94028914

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.

RECORDED
APR 27 1994
REC'D
REC'D
REC'D

Fee for filing with Secretary of State is: \$30.00, for For-Profit Corporations or \$26.00, for Not-For-Profit Corporations. A certificate issued by the Secretary of State is an additional \$15.00.

1. Name of Corporation American Health Services Corp. dba American Health Services, Corp.	2. Date of Incorporation / Admission February 27, 1989
3. Principal Office Address of the Corporation (Street, City, State Zip Code) 4440 Von Karman Avenue, Suite 320, Newport Beach, CA 92660	
4. Assumed Business Name(s) Diagnostic Outpatient Center	
5. Address at which the Corporation will do business under assumed business name (Street, City, State and Zip Code) 300 West 61st Avenue, Hobart, Indiana 46342	
6. Signature <i>[Signature]</i>	Name Printed Thomas V. Croal, Secretary, Vice President CFO

NOT OFFICIAL

This Document is the property of the Lake County Recorder!

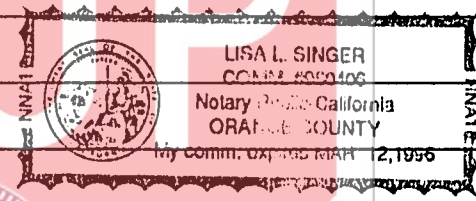
STATE OF California
COUNTY OF Orange

Subscribed and sworn or attested to before me, this 12th day of April, 1994.

Notary Public *Lisa L. Singer*

My Notarial Commission Expires: March 12, 1996

My County of Residence is: Orange



I, _____, Recorder of _____ 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

This instrument was prepared by _____

[Handwritten initials]