

CERTIFICATE OF ASSUMED BUSINESS NAME  
for individuals (sole proprietorships), firms  
or partnerships engaged in business under a name  
other than their own (DBA)

STATE OF INDIANA, COUNTY OF LAKE

NAME OF BUSINESS: ALLIANCE HOME HEALTHCARE INC. OF INDIANA

KIND OF BUSINESS: HOME HEALTH SERVICES

PLACE OF BUSINESS: INDIANA

PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP

DALISAY A. SCLIT, M.D. AT 977405 S. KENNETH AVE. OAKLAWN IL 60453

REYNALDO C. SCLIT, M.D. AT 977405 S. KENNETH AVE. OAKLAWN, IL 60453

REGINACDO A. SCLIT AT 535 N. MICHIGAN AVE. CHICAGO, IL 60611

AT \_\_\_\_\_

AT \_\_\_\_\_

I hereby certify that I have personal knowledge of the facts stated above and that each of them are true.

Dalisay A. Sclit, M.D.  
WRITTEN SIGNATURE

DALISAY A. SCLIT, M.D.  
PRINTED NAME

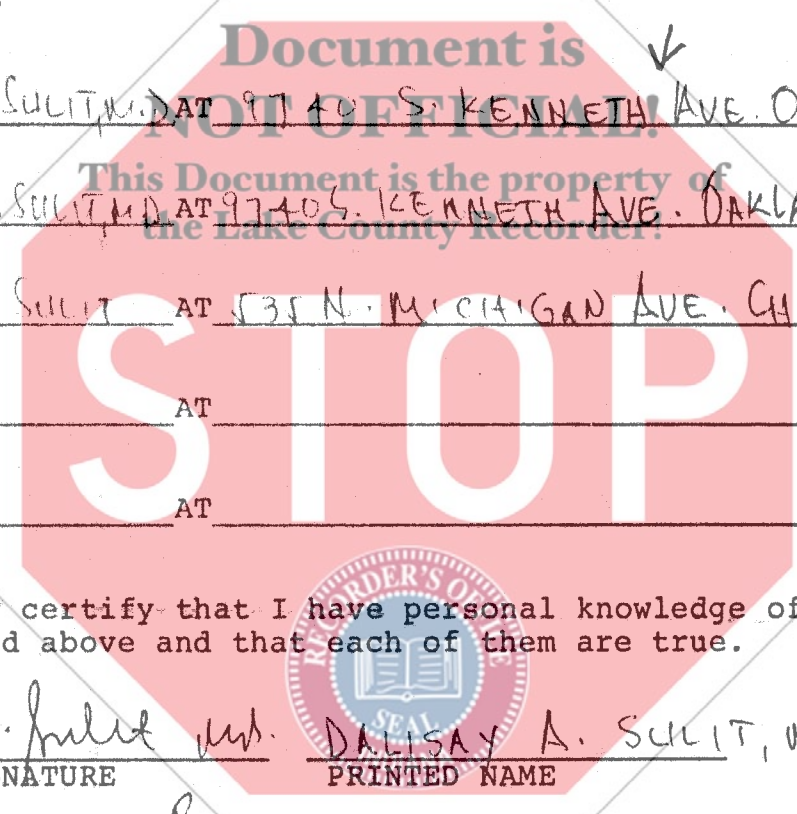
PRESIDENT  
CAPACITY OF SIGNER

THE COMPLETED FORM MUST BE FILED IN THE OFFICE OF THE COUNTY RECORDER OF EACH COUNTY IN WHICH A PLACE OF BUSINESS OR OFFICE IS LOCATED.

FILED ON 05-21-96, 1996 Margaret Pennington RECORDER

96033820

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
MARGARET PENNINGTON  
RECORDER  
96 MAY 21 PM 1:33



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