STATE OF INDIANA LAKE COUNTY FILED TO BELLOCRD

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## CERTIFICATE OF ASSUMED BUSINESS NAME

Hand Surgery Associates of Indiana, Inc., an Indiana corporation incorporated on May 22, 1973 (the "Corporation"), being desirous of transacting a portion of its business under an assumed business name as permitted by I.C. 23-15-1-1, hereby certifies that:

1. The Corporation name and location of the principal office of said Corporation is:

Hand Surgery Associates of Indiana, Inc. 8501 Harcourt Road P.O. Box 80434 Indianapolis, Indiana 46280-0434

2. The assumed business name and location at which such business is carried on is:

Orthopedic Centers 8900 Broadway, Suite A Merrillville, Indiana 46410

IN WITNESS WHEREOF, the undersigned has caused this Certificate of Assumed Business Name to be executed on its behalf by its duly authorized officer this \_\_27\_ day of May, 1997.

HAND SURGERY ASSOCIATES OF INDIANA, INC.

By: Nomas J. Fischer, M.D. Secretary

STATE OF INDIANA

SS:

COUNTY OF MARION

Before me the undersigned, a Notary Public in and for said County and State, personally appeared Thomas J. Fischer, M.D. of Hand Surgery Associates of Indiana, Inc., and he being first duly sworn by me upon his oath, says that the facts alleged in the foregoing instrument are true. Signed and sealed this 27 100, of May, 1997.

Notary Public

Janet L. Perry Printed Name

My Commission Expires:

County of Residence:

June 16, 1999

Marion

This instrument prepared by Alan J. Dansker, Attorney at Law, BINGHAM SUMMERS WELSH & SPILMAN, 2700 Market Tower, 10 West Market Street, Indianapolis, Indiana 46204-2982.

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