

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

99083490

99 OCT -8 AM 10:36

MONNIS W. CARTER
RECORDER



**CERTIFICATE OF ASSUMED BUSINESS NAME
(All Corporations)**

State Form 30353 (R8 / 9-97)
State Board of Accounts Approved 1995

SUE ANNE GILROY
SECRETARY OF STATE
CORPORATIONS DIVISION
302 W. Washington St., Rm. E018
Indianapolis, IN 46204
Telephone: (317) 232-6576

Indiana Code 23-15-1-1, et seq.

INSTRUCTIONS:

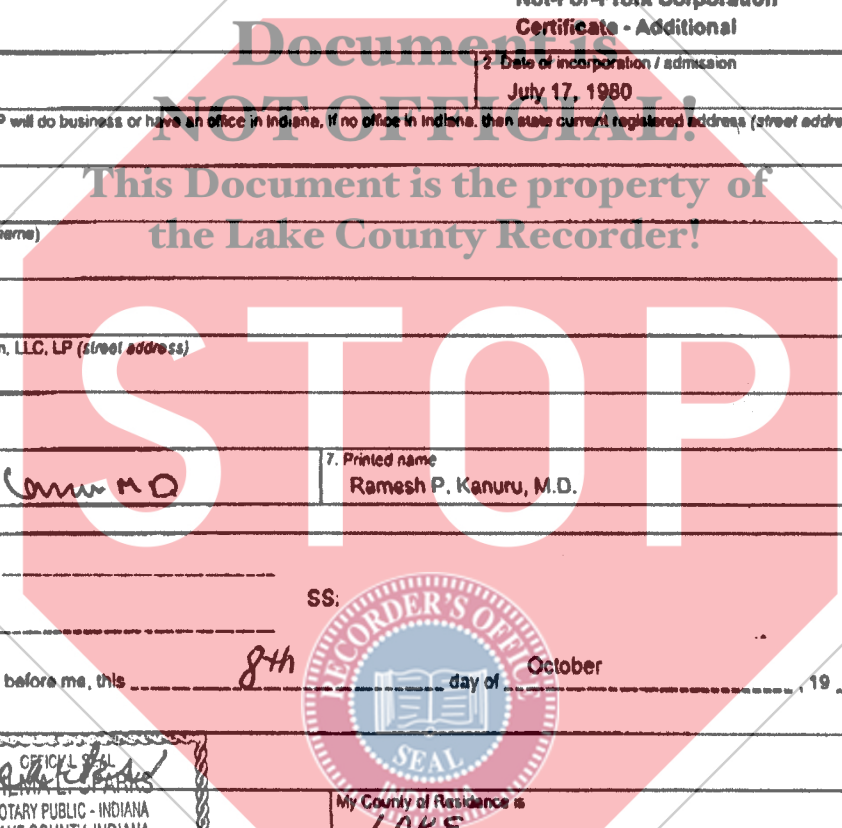
1. This certificate must also be recorded in the office of County Recorder of each county in which a place of business or office is located.
2. FEES ARE PER ASSUMED NAME. Please make check or money order payable to: Indiana Secretary of State. Please TYPE or PRINT.

FILING FEES PER CERTIFICATE:

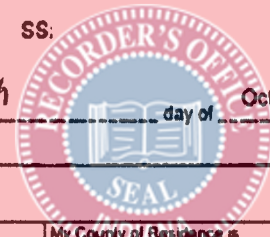
For-Profit Corporation, Limited Liability Company, Limited Partnership	\$30.00
Not-For-Profit Corporation	\$26.00
Certificate - Additional	\$15.00

9721

1. Name of Corporation, LLC or LP Ramesh P. Kanuru, M.D., Inc.	2. Date of incorporation / admission July 17, 1980
3. Address at which the Corporation, LLC, LP will do business or have an office in Indiana, if no office in Indiana, then state current registered address (street address) 9942 Prairie Avenue	
City, state and ZIP code Highland, Indiana 46322	
4. Assumed business name(s) (\$30.00 per name) Pain Management Consultants	
5. Principal office address of the Corporation, LLC, LP (street address) 9712 Prairie Avenue	
City, state and ZIP code Highland, Indiana 46322	
6. Signature <i>Ramesh P. Kanuru M.D.</i>	7. Printed name Ramesh P. Kanuru, M.D.



STATE OF INDIANA
 COUNTY OF LAKE
 Subscribed and sworn or attested to before me, this 8th day of October, 1999



Notary Public
 My Notarial Commission Expires
 My County of Residence is LAKE

This instrument
Patrick S. Cross, Attorney at Law, Baker & Daniels, 300 North Meridian Street, Suite 2700, Indianapolis, Indiana 46204

9.00
E.P.
CS

** TOTAL PAGE.04 **