



CERTIFICATE OF ASSUMED BUSINESS NAME
(All Corporations)

State Form 30353 (R10 / 1-02)
State Board of Accounts Approved 2002

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

2002 040521

2002 Indiana Code 23-18-9-1, et seq.

INSTRUCTIONS:

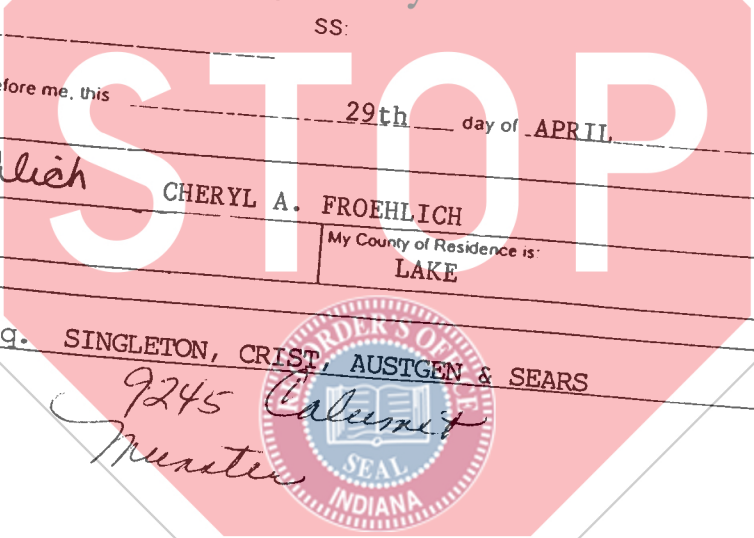
- 1. This certificate must also be recorded in the office of County Recorder of each county in which a place of business or office is located.
 - 2. FEES ARE PER CERTIFICATE. Please make check or money order payable to Indiana Secretary of State.
- Please TYPE or PRINT.

FILING FEES PER CERTIFICATE:
 For-Profit Corporation, Limited Liability Company, Limited Partnership \$30.00
 Not-For-Profit Corporation \$26.00

1. Name of Corporation, LLC or LP ST. MARY MEDICAL CENTER, INC.		2. Date of incorporation / admission / organization 11/14/1996	
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) 1500 S. Lake Park Avenue Hobart, IN 46342		3170 Willowcreek Road Portage, IN 46368	
4. Assumed business name(s) HOME HEALTH OF ST. MARY MEDICAL CENTER			
5. Principal office address of the Corporation, LLC, LP (street address) 1500 S. Lake Park Avenue Hobart, IN 46342			
6. Signature of officer or other authorized party <i>Milton Triana</i>		7. Printed name and title Milton Triana, Administrator	

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!



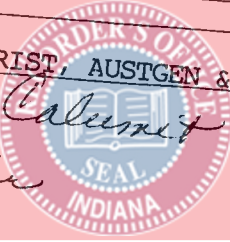
STATE OF Indiana COUNTY OF Lake SS: _____

Subscribed and sworn or attested to before me, this 29th day of APRIL, 2002

Notary Public Cheryl A. Froehlich **CHERYL A. FROEHLICH**

My Notarial Commission Expires: 8/19/09 My County of Residence is: LAKE

This instrument was prepared by: SINGLETON, CRIST, AUSTGEN & SEARS
9245 Calumet
Munster



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H.F.
23619