

CERTIFICATE OF ASSUMED BUSINESS NAME

For persons (sole proprietorships, associations, or general partnerships)
Engaged in business under a name other than their own (DBA)

2002 102467

STATE OF INDIANA, COUNTY _____

NAME OF BUSINESS INTERNAL MEDICINE CENTER

NATURE OF BUSINESS MEDICAL PRACTICE

ADDRESS OF BUSINESS 3535 BROADWAY GARY IN

PRINTED NAMES AND RESIDENCES OF MEMBER OF BUSINESS:

DRECHAL NUNIBARA at 20924 BROOKWOOD DR

INDIANIA FIELDS at _____

at _____

at _____

at _____

at _____

Internal Medicine Center at _____

3535 Broadway at _____

GARY IN 46409 at _____

at _____

FORM PREPARED BY: Heena Chhabra

Heena Chhabra
Member's Signature

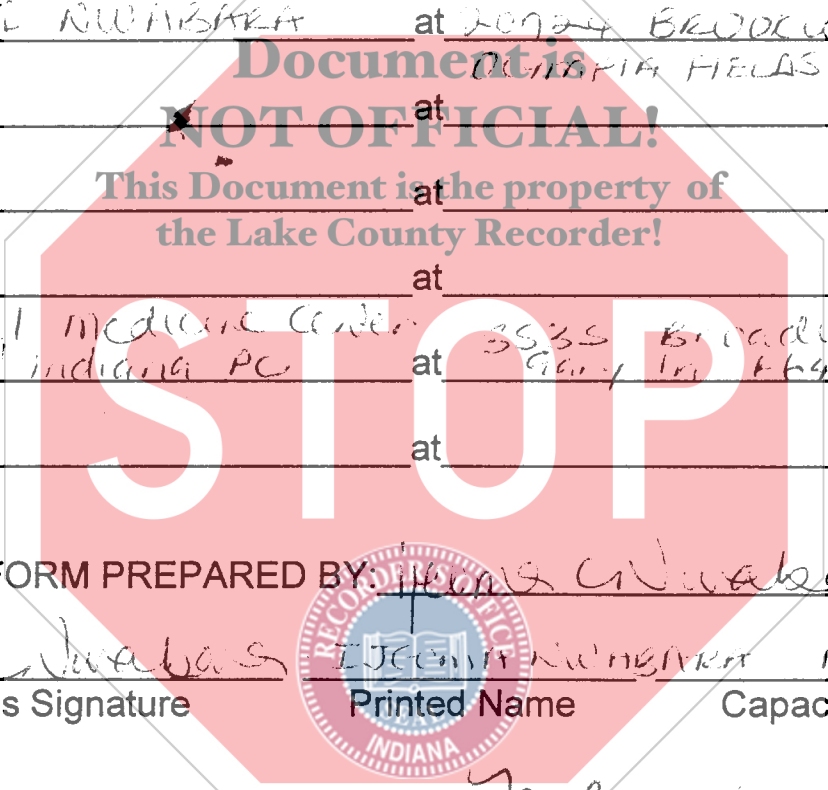


DRECHAL NUNIBARA
Printed Name

ADMINISTRATOR
Capacity

Filed on 11-8, 02. M. W. [Signature] Recorder

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46409



9.00
AS