

# CERTIFICATE OF ASSUMED BUSINESS NAME

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

STATE OF INDIANA, COUNTY LAKE

NAME OF BUSINESS VEIN AND VASCULAR CENTER

NATURE OF BUSINESS MEDICAL & SURGICAL TREATMENTS  
OF VEIN AND VASCULAR DISEASE AS WELL AS  
CARDIOTHORACIC SURGERY.

ADDRESS OF BUSINESS 6111 HARRISON ST, #360 MERRILLVILLE, IN  
46410

PRINTED NAMES AND RESIDENCES OF MEMBER OF BUSINESS:

BENJAMIN TANG, M.D. at 13 SUMMIT ROAD, POLTAGE, IN 46368

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

FORM PREPARED BY: BENJAMIN TANG, M.D.

[Signature]  
Member's Signature

BENJAMIN TANG  
Printed Name

OWNER  
Capacity

Filed on April 16, 2004. M. W. Carter, Recorder

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M.  
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