



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

State Form 30353 (R11 / 1-03)
State Board of Accounts Approved 2002

INDIANA SECRETARY OF STATE
2004 NOV 18 AM 10:29

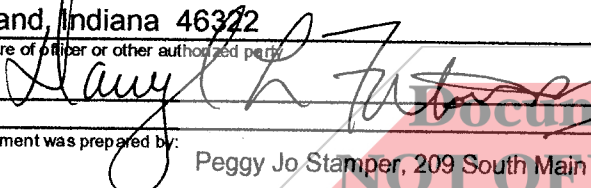
TODD ROKITA
SECRETARY OF STATE
CORPORATIONS DIVISION
302 W. Washington St., Rm. E018
Indianapolis, IN 46204
Telephone: (317) 232-6576

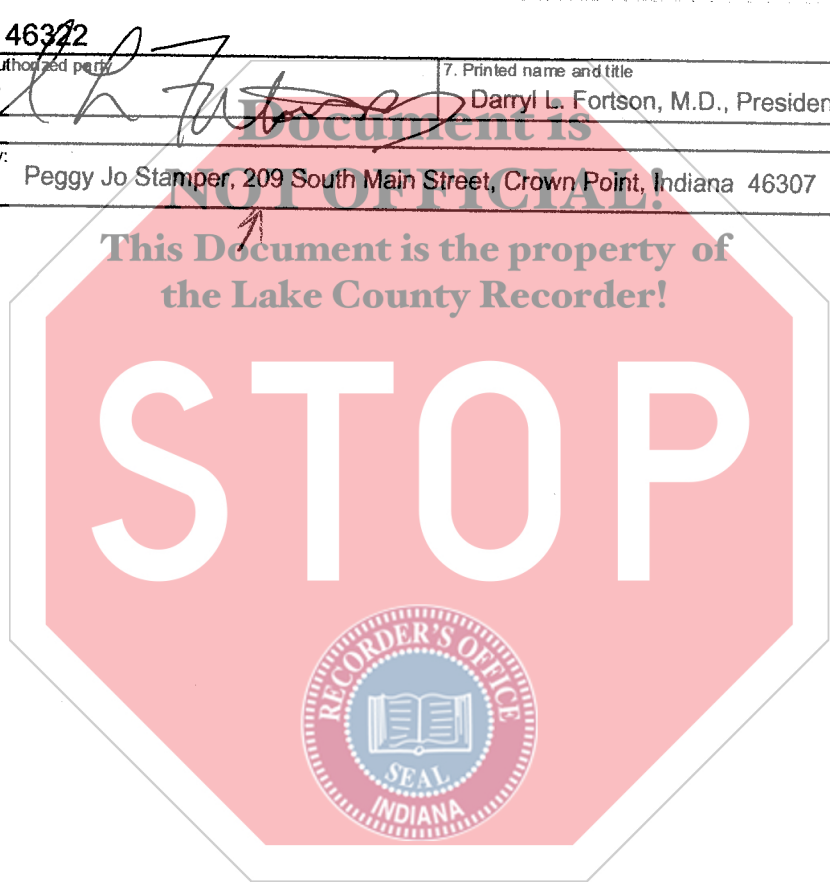
INSTRUCTIONS:

Use an 8 1/2" x 11" sheet of white paper for attachments.
Present original and one (1) copy to address in upper right corner of this form.
Please TYPE or PRINT.
Please visit our office on the web at www.sos.in.gov.

FILING FEES PER CERTIFICATE:

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

1. Name of entity D. L. Fortson, M.D. P.C.		2. Date of incorporation / admission / organization October 27, 2004	
3. Address at which the entity will do business or have an office in Indiana. If no office in Indiana, then state current registered address (street address) 1918 Azalea			
City, state and ZIP code Munster, Indiana 46321			
4. Assumed business name(s) Fortson Family Care & Wellness Center			
5. Principal office address of the entity (street address) 9727 Prairie Avenue			
City, state and ZIP code Highland, Indiana 46322			
6. Signature of officer or other authorized party 		7. Printed name and title Darryl L. Fortson, M.D., President	
This instrument was prepared by: Peggy Jo Stamper, 209 South Main Street, Crown Point, Indiana 46307			



2005 000724

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL A. JOHNSON
RECORDER
2005 JAN -5 PM 1:47

9.00
P.C.
CS