

2007 095795

2007 DEC -5 AM 9:36

MICHAEL A. BROWN
RECORDER



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

State Form 30353 (R12 / 10-06)

Approved by State Board of Accounts 2002

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.

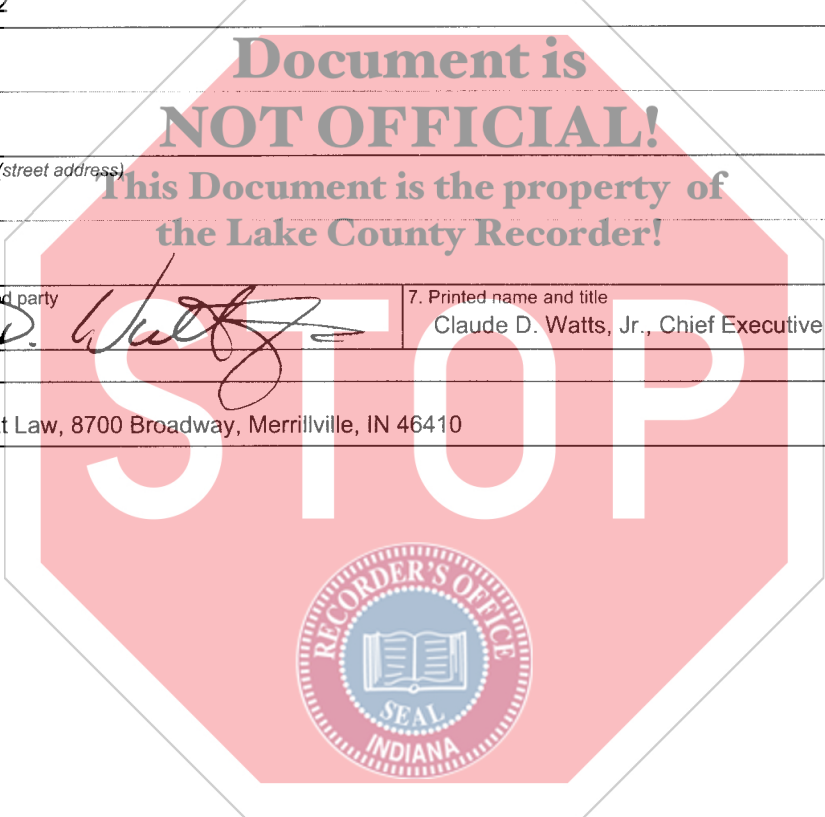
Please TYPE or PRINT.

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 The Methodist Hospitals, Inc.	2. Date of incorporation / admission / organization March 28, 1941
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) 2010 Columbus Drive	
City, state and ZIP code East Chicago, Indiana 46312	
4. Assumed business name(s) North Lake Women's Health	
5. Principal office address of the entity (street address) 600 Grant Street	
City, state and ZIP code Gary, Indiana 46402	
6. Signature of officer or other authorized party 	7. Printed name and title Claude D. Watts, Jr., Chief Executive Officer
This instrument was prepared by: David H. Kreider, Attorney at Law, 8700 Broadway, Merrillville, IN 46410	



1256
14419