

2

State of Indiana  
Office of the Secretary of State

CERTIFICATE OF ASSUMED BUSINESS NAME

of

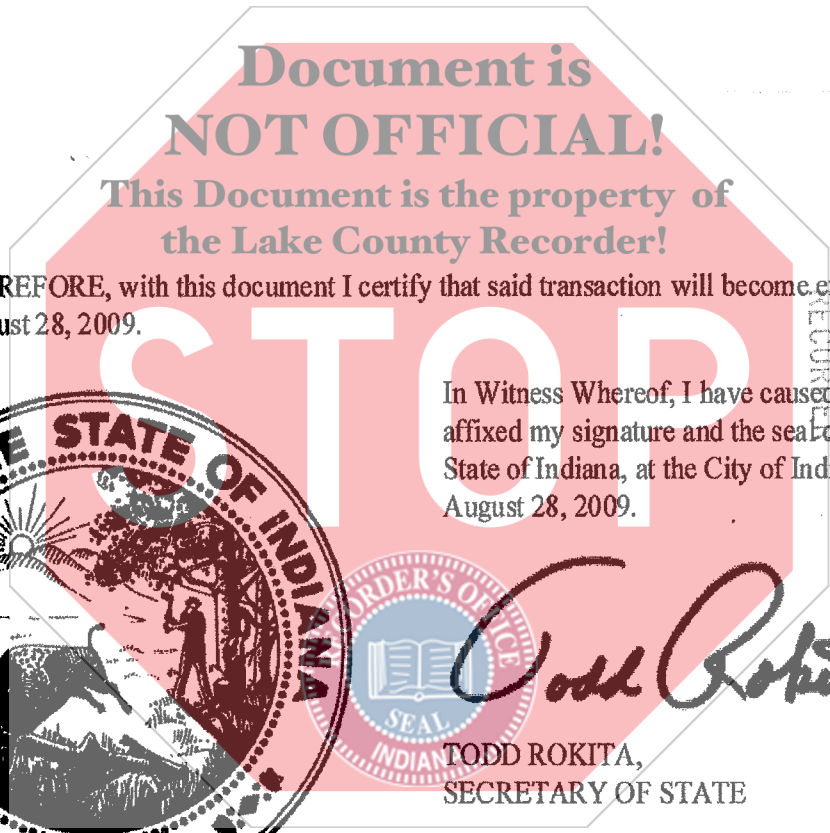
AMERICAN CURRENT CARE, P.A., P.C.

I, TODD ROKITA, Secretary of State of Indiana, hereby certify that Certificate of Assumed Business Name of the above Texas Foreign Professional Corporation has been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Professional Corporation Act of 1983.

Following said transaction the entity named above will be doing business under the assumed business name(s) of:

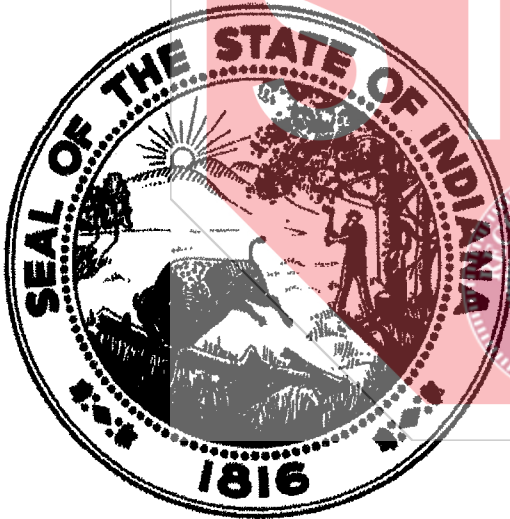
CONCENTRA IMMEDIATE CARE

2009 062158



NOW, THEREFORE, with this document I certify that said transaction will become effective Friday, August 28, 2009.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 28, 2009.



*Todd Rokita*

TODD ROKITA,  
SECRETARY OF STATE

MICHAEL A. BROWN  
RECORDER

2009 SEP 10 AM 9:53

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

#3901  
11/00  
103

2009 AUG 28 PM 3:40



**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.

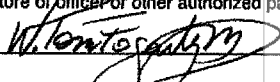
Present original and one (1) copy to address in upper right corner of this form.

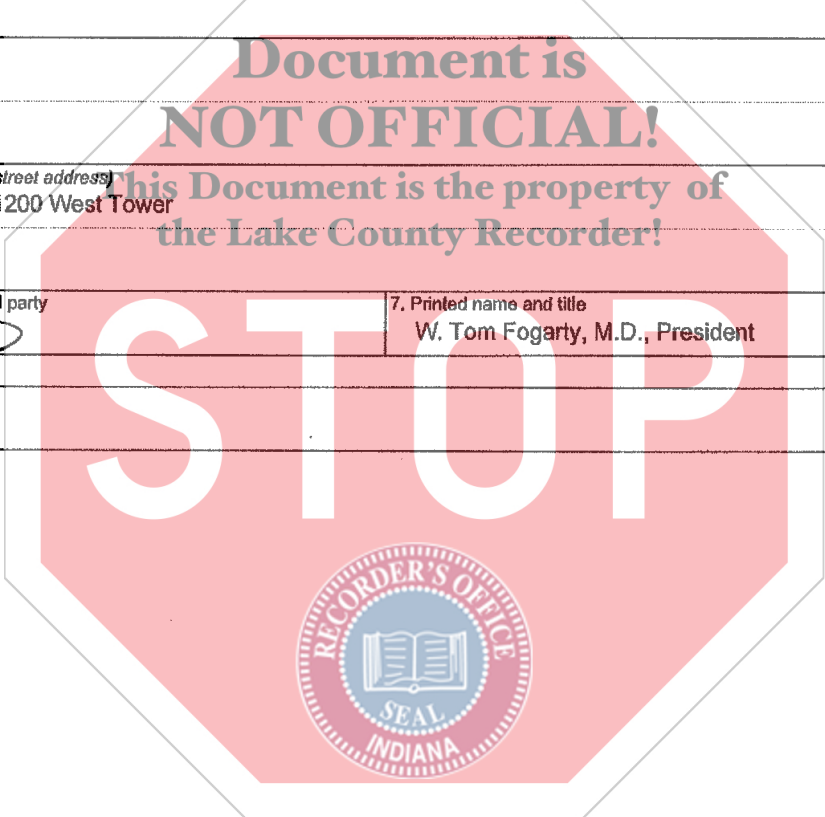
Please TYPE or PRINT.

Please visit our office on the web at [www.sos.in.gov](http://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 American Current Care, P.A., P.C.		2. Date of incorporation / admission / organization October 30, 2006	
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) 6423 Columbia Avenue, Unit A			
City, state and ZIP code Hammond, Indiana 46320			
4. Assumed business name(s) Concentra Immediate Care			
5. Principal office address of the entity (street address) 5080 Spectrum Drive, Suite 1200 West Tower			
City, state and ZIP code Addison, Texas 75001			
6. Signature of officer or other authorized party 		7. Printed name and title W. Tom Fogarty, M.D., President	
This instrument was prepared by: Eleanor J. Thompson			



APPROVED  
AND  
FILED  
  
IND. SECRETARY OF STATE