



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
06/08/2022	202215704604	REINSTATEMENT (REN)	25.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

EPSTEIN BECKER & GREEN, P.C.
375 NORTH FRONT STREET
SUITE 325
COLUMBUS, OH 43215

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
837105

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
PHYSICIANS CARECONNECTION

and, that said business records show the filing and recording of:

Document(s)
REINSTATEMENT

Document No(s):
202215704604

Effective Date: **06/06/2022**



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
8th day of June, A.D. 2022.

Ohio Secretary of State

Form 525B Prescribed by:



Telephone: 877.767.3453

OhioSoS.gov | business@OhioSoS.govFile online or for more information: OhioBusinessCentral.gov

Reinstatement

Filing Fee: \$25**Form Must Be Typed****(CHECK ONLY ONE (1) BOX)**

(1) Reinstatement of a Nonprofit Corporation <input checked="" type="checkbox"/> (for failure to file a statement of continued existence) (109-RENN) THIS FORM MUST BE ACCOMPANIED BY ALL DELINQUENT BIENNIAL REPORT(S) AND FILING FEE(S)	(2) Reinstatement of a Limited Liability Partnership (for failure to file biennial report(s)) (112-PLR) Cancellation Date The entity was canceled on <input type="text" value="MM/DD/YYYY"/> THIS FORM MUST BE ACCOMPANIED BY ALL DELINQUENT BIENNIAL REPORT(S) AND FILING FEE(S)
(3) Reinstatement of a Professional Corporation <input type="checkbox"/> (for failure to file biennial report(s)) (110-RENP) THIS FORM MUST BE ACCOMPANIED BY ALL DELINQUENT BIENNIAL REPORT(S) AND FILING FEE(S)	(4) Reinstatement of a Tax Canceled <input type="checkbox"/> Corporation (109-RENN) THIS FORM MUST BE ACCOMPANIED BY THE CERTIFICATE OF TAX CLEARANCE FROM THE OHIO DEPARTMENT OF TAXATION

Name of Entity **Charter/Registration Number**

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Reinstatement must be signed by an authorized representative. (see instructions for specific information)

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name