



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/02/2026	202606106726	NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE (CCE)	25.00				0

**Receipt**

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

**KEGLER BROWN HILL & RITTER  
65 E. STATE STREET, SUITE 1800  
COLUMBUS, OH, 43215**

**S T A T E O F O H I O  
C E R T I F I C A T E**

**Ohio Secretary of State, Frank LaRose  
1731142**

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

**HEART OF OHIO FAMILY HEALTH CENTERS**

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

Document(s)

**NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE**

**Effective Date: 03/02/2026**

Document No(s):

**202606106726**



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 2nd day of March, A.D. 2026.

**Ohio Secretary of State**

Form 522 Prescribed by:

Date Electronically Filed: 3/2/2026

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

[OhioSoS.gov](http://OhioSoS.gov) | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)

File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)



## Statement of Continued Existence

### Filing Fee: \$25

### Form Must Be Typed

#### CHECK ONLY ONE (1) Box

(1)  Statement of Continued Existence (163-CCE)  
(Domestic Nonprofit Corporation)

(2)  Verification of Foreign Nonprofit (173-FCE)  
(Foreign Nonprofit Corporation)

**By submitting this form the corporation is verifying with the secretary of state's office that it is still actively engaged in exercising its corporate privileges**

Name of Corporation

Charter or License Number

#### Complete the information in this section if box (1) is checked

Location of Principal Office    
City County

Date of Incorporation   
Date

#### Complete the information in this section if box (2) is checked

Date of Qualification in Ohio   
Date

Jurisdiction of Formation   
Jurisdiction

Address of Principal Office   
Mailing Address

City State Zip Code

**All Corporations must complete this section**

Current Statutory Agent's Name and Address

KBHR STATUTORY AGENT CORP.

Name of Agent

P.O. BOX 361715

Mailing Address

COLUMBUS

City

OH

State

43236

Zip Code

**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**

The statement must be signed by a director, officer, or three members in good standing.

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.

M. BUHARI MOHAMMED

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name