



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/10/2021	202134401938	NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE (CCE)	25.00				0

Receipt

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

**NATIONWIDE CHILDREN'S HOSPITAL
700 CHILDREN'S DRIVE
COLUMBUS, OH, 43205**

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose

8977

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

NATIONWIDE CHILDREN'S HOSPITAL

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

Document(s)

NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE

Effective Date: 12/10/2021

Document No(s):

202134401938



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 10th day of December, A.D.
2021.

Ohio Secretary of State

Form 522 Prescribed by:

Date Electronically Filed: 12/10/2021

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: 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

Location of Office NOT in Ohio
 Mailing Address

City State Zip Code

Location of Office IN Ohio
 Mailing Address

City State Zip Code

All Corporations must complete this section

Current Statutory Agent's Name and Address

RHONDA L COMER

Name of Agent

700 CHILDREN'S DRIVE

Mailing Address

COLUMBUS

City

OH

State

43205

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.

RHONDA L. COMER

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name