



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/30/2001	200120802970	TRADE NAME RENEWAL (RNR)	10.00	.00	.00	.00	.00

Receipt

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

LOCUM MEDICAL GROUP
26949 CHAGRIN BLVD, STE 205
CLEVELAND, OH 44122

S T A T E O F O H I O**Ohio Secretary of State, J. Kenneth Blackwell****RN224538**

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

LOCUM MEDICAL GROUP

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

Document(s)

TRADE NAME RENEWAL

Document No(s):

200120802970

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 16th day of July, A.D.
2001.

J. Kenneth Blackwell
Ohio Secretary of State



Prescribed by
J. KENNETH BLACKWELL, Secretary of State
30 East Broad Street, 14th Floor
Columbus, Ohio 43266-0418

7:00 PM 16 JUL 1996

RENEWAL OF TRADE NAME REGISTRATION

1. The Registration Number to be renewed is: **RN224538**
2. The trade name to be renewed is:
LOCUM MEDICAL GROUP
3. The date of original registration is: **October/24/1996**
4. The applicant is: (check appropriate item)
 - ☒ an individual
 - ☒ an Ohio corporation, Charter Number: 701931
 - ☐ a foreign corporation, incorporated in the state of: _____
 - ☐ a General Partnership
 - ☐ a Limited Liability Company
 - ☐ a Limited Partnership; County in Ohio where certificate /application of limited partnership is filed is: _____
 - ☐ a Professional association
 - ☐ an association
 - ☐ a Society, Foundation, Federation or other organization
5. The name of the applicant designated in item 4 is:
Locum Professional Services Inc.
(Note: When the applicant is a partnership, the name of the partnership must appear on this line)
6. The business address of the applicant is:
26949 Chagrin Blvd # 205
(Street address only, P.O. Box not acceptable)
Brachwood Cuyahoga OH 44122
(City, Village or Township) (County) (State) (Zip Code)
7. Complete only if applicant is a partnership:

Names of All General Partners

Complete Residence Address

This document is signed by a corporate officer, general partner, association member or officer, or the individual applicant.

By: _____