



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/05/2003	200303502340	TRADE NAME/BUSINESS ADDRESS CHANGE (RNB)	25.00	.00	.00	.00	.00

Receipt

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

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

STATE OF OHIO**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/BUSINESS ADDRESS CHANGE

Document No(s):

200303502340

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 3rd day of February, A.D.
2003.

J. Kenneth Blackwell
Ohio Secretary of State

Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos

e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

- ☐ Yes PO Box 1390
Columbus, OH 43216
*** Requires an additional fee of \$100 ***
- ☐ No PO Box 788
Columbus, OH 43216

NAME REGISTRATION UPDATE

(For Domestic or Foreign, Profit or Non-Profit)

Filing Fee \$25.00

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX) This filing does not extend the registration period

(1) ☐ Assignment of Registered Name Registration No. _____ (116-RNA)	(2) ☐ Name Reservation Transfer Registration No. _____ (185-NRT)
(3) ☒ Change of Address only for Registered Name Registration No. RN 224538 (176-RNB)	(4) ☐ Cancellation of Registration Registration No. _____ (184-RNX)

☐ Fictitious Name☒ Trade Name

Check The Appropriate Box

☐ Mark of Ownership☐ Trade Mark☐ Service-MarkName of Entity
or Description of Mark**LOCUM MEDICAL GROUP**

Name of Current Owner

Locum Professional Services, Inc.

Complete the information in this section if box (3) is checked.

New Business Address

25825 Science Park Dr #300
(Street) NOTE: P.O. Box Addresses are NOT acceptable.

Boonwood **Cuyahoga** **OH** **44122**
(City) (County) (State) (Zip Code)

Complete the information in this section if box (1) or (2) is checked.

Are you assigning this name?

☐ Yes☐ NoNew Registrant's Name
& Address

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(County)

(State)

(Zip Code)

Registration No. _____

Complete the information in this section if box (4) is checked.

Are you canceling this name?

☐ Yes☐ No

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

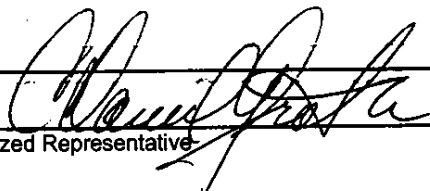
Please indicate the assignment of the good will of the business as follows:

☐ For the amount of _____ and for other Good and Valuable Consideration, the receipt of which is hereby acknowledged, ASSIGNOR does hereby assign unto said ASSIGNEE the entire right, title and interest in and to the above-listed mark and registration granted therefrom, and in and to the goodwill of the business in connection with which said mark is used, the same to be held and enjoyed by said ASSIGNEE for its own use and benefit, and for the use and benefit of its successors, assigns or other legal representatives, as fully and entirely as the same would have been held and enjoyed by said ASSIGNOR, if this assignment had not been made.

☐ If the goodwill of the business associated with this mark is NOT ASSIGNED

REQUIRED

Must be authenticated (signed)
by an authorized representative
(See Instructions)


Authorized Representative


Date