



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/24/2003	200329602520	SUBSEQNT AGENT APPOINT/LIMITED/LIABILTY/PARTNER (LSA)	25.00	.00	.00	.00	.00

Receipt

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

AULT INTERNATIONAL MEDICAL MANAGEMENT
560 PARK AVE
BUCYRUS, OH 44820-2825

STATE OF OHIO**Ohio Secretary of State, J. Kenneth Blackwell****1389333**

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

AULT INTERNATIONAL MEDICAL MANAGEMENT, LLC

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

Document(s)

SUBSEQNT AGENT APPOINT/LIMITED/LIABILTY/PARTNER

Document No(s):

200329602520

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 22nd day of October, 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)

Mail Form to one of the Following:

☐ Yes PO Box 1390
Columbus, OH 43216

*** Requires an additional fee of \$100 ***

☒ No PO Box 788
Columbus, OH 43216

OCT 22 PM 3:24

STATUTORY AGENT UPDATE

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

Filing Fee \$25.00

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)

(1) Subsequent Appointment of Agent

☐ Corp ☐ LP (165-AGS)
☒ LLC (171-LSA)

(2) Change of Address of an Agent

☐ Corp ☐ LP (145-AGA)
☐ LLC (144-LAD)

(3) Resignation of Agent

☐ Corp ☐ LP (155-AGR)
☐ LLC (153-LAG)

Complete ALL of the general information in this section for the box checked above.

Name of Entity Ault International Medical Management, LLC

Charter or
Registration No. 1389333

Name of Current Agent Business Filings Incorporated

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

Name and Address of
New Agent

Chris Ault

(Name)

560 Park Ave

(Street)

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

Bucyrus

(City)

Crawford

(County)

Ohio

(State)

44820

(Zip Code)

ACCEPTANCE OF APPOINTMENT

The Undersigned, Chris Ault, named herein as

the Statutory agent for, Ault International Medical Management, LLC, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: Chris Ault

(Statutory Agent)

* If the entity listed is a foreign corporation, the agent does not have to sign the **Acceptance of Appointment**

Complete the information in this section if box (2) is checked.**Old Address of Agent**

(Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

(City) **Ohio** _____
(State) (Zip Code)

New Address of Agent

(Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

(City) **Ohio** _____
(State) (Zip Code)

Complete the information in this section if box (3) is checked.**Is this agent resigning?**☐ Yes☐ No

**Current or last known address
of the entity's principal office
where a copy of this Resignation
of Agent was sent as of the date
of filing or prior to the date filed**

(Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

(City) (State) (Zip Code)

REQUIRED

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

Deborah L. Ault

Authorized Representative

10-20-03

Date