



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/04/2004	200403408468	CERTIFICATE OF CONTINUED EXISTENCE (CCE)	25.00	.00	.00	.00	.00

Receipt

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

NICOLA, GUDBRANSON & COOPER LLC
25 W. PROSPECT AVE., STE 1400
CLEVELAND, OH 44115

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell**359442**

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

NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES, INC.

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

Document(s)

CERTIFICATE OF CONTINUED EXISTENCE

Document No(s):

200403408468

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 27th day of January, A.D.
2004.

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/sose-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

CONTINUED EXISTENCE OF NON-PROFIT CORPORATION

(For Non-Profit Domestic or Foreign)

Filing Fee \$25.00

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)(1) ☒ Statement of Continued Existence (163-CCE)(2) ☐ Verification of Foreign Non-Profit (173-FCE)

The corporation is still actively engaged in exercising its corporate privileges in Ohio

DO HEREBY STATE THE FOLLOWING:

Complete ALL of the general information in this section for the box checked above.Name of Entity NorthEast Ohio Neighborhood Health Services, Inc.Charter or License No.
of Entity359442**Complete the information in this section if box (1) is checked.**

Principal Location

Cleveland

(City)

Cuyahoga

(County)

Date of Incorporation

March 24, 1967**Complete the information in this section if box (2) is checked.**

Date Qualified in Ohio

(Date)

Incorporated in the State of

Principal Location NOT
in Ohio

(Street)

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

(City)

(County)

(State)

(Zip Code)

Principal Location in Ohio

(Street)

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

(City)

(County)

Ohio
(State)

(Zip Code)

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

Has your principal location or
Business Address Changed
Since Last Filing?

☐ Yes☐ No

If yes, an amendment (form no. 565) must be filed with an additional fee of \$50.00

Name and Address of
Current Agent (if applicable)

(Name)

(Street)

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

(City)

(County)

Ohio

(State)

(Zip Code)

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

Name and Address of
Current Agent

Willie F. Austin

(Name)

(Agent must sign Acceptance of
Appointment if there is a different
agent on record)

8300 Hough Avenue

(Street)

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

Cleveland

(City)

Cuyahoga

(County)

Ohio

(State)

44103

(Zip Code)

ACCEPTANCE OF APPOINTMENT

The Undersigned Willie F. Austin, named herein as
the Statutory agent for, NorthEast Ohio Neighborhood Health Services, Inc., hereby acknowledges and
accepts the appointment of statutory agent for said entity.

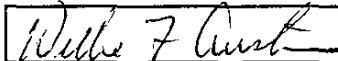
Signature:



(Statutory Agent) Willie F. Austin

REQUIRED

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



Authorized Representative

Willie F. Austin, Chief Executive
Officer and President

01-21-2004

Date