



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/14/2005	200534703320	DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS)	25.00	.00	.00	.00	00

Receipt

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

LAKE COUNTY MEDICAL SOCIETY
PO BOX 182
PAINESVILLE, OH 44077

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

173999

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

THE LAKE COUNTY MEDICAL SOCIETY, INC.

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

Document(s)

DOMESTIC AGENT SUBSEQUENT APPOINTMENT

Document No(s):

200534703320



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 8th day of December,
A.D. 2005.

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

STATUTORY AGENT UPDATE

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

Filing Fee \$25.00

2005 DEC - 8 PM 1:41

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 Lake County Medical Society

Charter or

Registration No. 173999

Name of Current Agent Janice Vargo Krehel

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

Name and Address of
New Agent

Mary Elyn Bove

(Name)

2161 Valley View Drive

(Street)

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

Wickliffe

(City)

Lake

(County)

Ohio

(State)

44092

(Zip Code)

ACCEPTANCE OF APPOINTMENT

The Undersigned, Mary Elyn Bove, named herein as

the Statutory agent for, Lake County Medical Society, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature:

Mary Elyn Bove
(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**

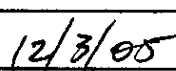
(Street)

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

(City)

(State)

(Zip Code)

REQUIRED**Must be authenticated (signed) by an
authorized representative
(See Instructions)**
Authorized Representative
Date