



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
11/15/2007	200731803088	DOMESTIC ARTICLES/PROFESSIONAL (ARP)	125.00	.00	.00	.00	.00

Receipt

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

TAFT, STETTINIUS, HOLLISTER
21 E. STATE STREET
COLUMBUS, OH 43215

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**1739836**

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

LUNDEEN PHYSICAL MEDICINE, INC.

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

Document(s)
DOMESTIC ARTICLES/PROFESSIONAL

Document No(s):
200731803088



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 13th day of November,
A.D. 2007.

Ohio Secretary of State



Prescribed by:

Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us

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 670
Columbus, OH 43216

INITIAL ARTICLES OF INCORPORATION

(For Domestic Profit or Nonprofit)

Filing Fee \$125.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

(1) ☐ Articles of Incorporation Profit (113-ARF) ORC 1701	(2) ☐ Articles of Incorporation Nonprofit (114-ARN) ORC 1702	(3) ☒ Articles of Incorporation Professional (170-ARP) Profession <u>Medicine</u> ORC 1785
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Complete the general information in this section for the box checked above.

FIRST: Name of Corporation Lundeen Physical Medicine, Inc.

SECOND: Location Columbus Franklin
(City) (County)

Effective Date (Optional) _____ Date specified can be no more than 90 days after date of filing. If a date is specified, the date must be a date on or after the date of filing.
(mm/dd/yyyy)

☐ Check here if additional provisions are attached

Complete the information in this section if box (2) or (3) is checked. Completing this section is optional if box (1) is checked.

THIRD: Purpose for which corporation is formed

a. To practice the profession of medicine and to render professional medical services in connection therewith; b. To maintain such facilities and equipment to the extent necessary for the corporation to carry out its purpose; and c. To do all other things which a professional corporation or association may lawfully do under the laws of Ohio.

Complete the information in this section if box (1) or (3) is checked.

FOURTH: The number of shares which the corporation is authorized to have outstanding (Please state if shares are common or preferred and their par value if any)

<u>100</u>	<u>Common</u>	<u>No par value</u>
(No. of Shares)	(Type)	(Par Value)

(Refer to instructions if needed)

Completing the information in this section is optional

FIFTH: The following are the names and addresses of the individuals who are to serve as initial Directors.

(Name)

(Street)

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

(City)

(State)

(Zip Code)

(Name)

(Street)

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

(City)

(State)

(Zip Code)

(Name)

(Street)

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

(City)

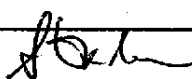
(State)

(Zip Code)

REQUIRED

Must be authenticated
(signed) by an authorized
representative

(See Instructions)



Authorized Representative

Stephen M. Nechemias

(print name)

11/13/07

Date

Authorized Representative

(print name)

Date

Authorized Representative

(print name)

Date

Complete the information in this section if box (1) (2) or (3) is checked.

ORIGINAL APPOINTMENT OF STATUTORY AGENT

The undersigned, being at least a majority of the incorporators of Lundeen Physical Medicine, Inc. hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is

Stephen M. Nechemias

(Name)

425 Walnut Street, Suite 1800

(Street)

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

Cincinnati

, Ohio

45202

(City)

(Zip Code)

Must be authenticated by an
authorized representative

Stephen M. Nechemias

Authorized Representative

11/13/07

Date

Stephen M. Nechemias

Authorized Representative

Date

Authorized Representative

Date

ACCEPTANCE OF APPOINTMENT

The Undersigned,

Stephen M. Nechemias

, named herein as the

Statutory agent for,

Lundeen Physical Medicine, Inc.

, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: Stephen M. Nechemias

(Statutory Agent)

Stephen M. Nechemias