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|------------|--------------|---------------------------------------------|--------|-------|---------|------|------|
| DATE:      | DOCUMENT ID  | DESCRIPTION                                 | FILING | EXPED | PENALTY | CERT | COPY |
| 11/06/2008 | 200831100840 | CERTIFICATE OF CONTINUED<br>EXISTENCE (CCE) | 25.00  | .00   | .00     | .00  | .00  |

**Receipt**

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

NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES, INC.  
HOUGH HEALTH CENTER  
8300 HOUGH AVENUE  
CLEVELAND, OH 44103

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Jennifer Brunner****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):

**200831100840**

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 6th day of November,  
A.D. 2008.

Ohio Secretary of State



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

## STATEMENT OF CONTINUED EXISTENCE OF CORPORATION - NOT FOR PROFIT

The undersigned, a trustee, officer, or three members in good standing of the corporation named below, hereby verifies/verify that the corporation is still actively engaged in exercising its corporate privileges, and that:

1. The Charter Number is: **359442**
2. The exact corporate name is:  
**NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES, INC.**
3. The city, village or township in which its principal office is located is:  
**CLEVELAND**
4. The county in which its principal office is located is: **CUYAHOGA**
5. The date of its incorporation is: **March 24, 1967**
6. The name of the current statutory agent is:

Willie F. Austin

7. The complete address of the current statutory agent is:

8300 Hough Avenue

Cleveland, OH 44103

(P. O. Box addresses are not acceptable)

This document is signed by a trustee, corporate officer, or three members in good standing.

By: \_\_\_\_\_

Note: If a new agent has been appointed on line 6 above, that agent must acknowledge his/her acceptance of such appointment below.

### ACCEPTANCE OF APPOINTMENT

The undersigned, \_\_\_\_\_, named herein as the statutory agent for the corporation in line 2 of this statement, hereby acknowledges and accepts the appointment of statutory agent.

\_\_\_\_\_  
 Signature of Statutory Agent