



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
05/24/2010	201014100937	DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS)	25.00	100.00		.00	.00

Receipt

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

JAMES R DOUGLASS
20521 CHAGRIN BLVD
SECOND FLOOR SUITE
SHAKER HEIGHTS, OH 44122

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**929681**

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

FIRST CHOICE MEDICAL STAFFING, INC.

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

Document(s):

DOMESTIC AGENT SUBSEQUENT APPOINTMENT

Document No(s):

201014100937

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 20th day of May, A.D.
2010.

Ohio Secretary of State



**Form 521 Prescribed by the:
Ohio Secretary of State**

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

www.sos.state.oh.us
Busserv@sos.state.oh.us

Expedite this form: (select one)

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Columbus, OH 43216
*** Requires an additional fee of \$100 ***
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Columbus, OH 43216

STATUTORY AGENT UPDATE

Filing Fee: \$25

(CHECK ONLY ONE (1) BOX)

(1) Subsequent Appointment of Agent ☒ Corp (165-AGS) ☐ LP (165-AGS) ☐ LLC (171-LSA)	(2) Change of Address of an Agent ☐ Corp (145-AGA) ☐ LP (145-AGA) ☐ LLC (144-LAD)	(3) Resignation of Agent ☐ Corp (155-AGR) ☐ LP (155-AGR) ☐ LLC (153-LAG) ☐ Partnership (155-AGR)
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Name of Entity First Choice Medical Staffing, Inc.

Charter, License or Registration No. 929681

Name of Current Agent Kurt Sterben

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

Name and Address of New Agent James R. Douglass

Name of Agent _____

Mailing Address 20521 Chagrin Blvd., Suite D

City Shaker Heights **State** Ohio **Zip Code** 44122

The Undersigned, James R. Douglass, named herein as the
Name of Agent

Statutory agent for, First Choice Medical Staffing, Inc., hereby acknowledges
Name of Business Entity

Signature:

Statutory Agent

- ☐ If the agent is an individual using a P.O. Box, the agent must check this box to confirm that the agent is an Ohio resident.

New Address of Agent

Mailing Address

City Ohio State Zip Code

- ☐ If the agent is an individual using a P.O. Box, check this box to confirm that the agent is an Ohio resident.

The agent of record for the entity identified on page 1 resigns as statutory agent.

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.

Mailing Address

City _____ State Ohio Zip Code _____

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

REQUIRED

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


Authorized Representative

5/19/10
Date

JAMES R DOUGLASS
Print Name

Authorized Representative

Date

Print Name