



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

8/9/2010

RE: THE LAKE COUNTY MEDICAL SOCIETY, INC.
CHARTER NO: 173999
ORIGINAL DATE: June 15, 1938
EXPIRY DATE: 12/8/2010

MARY ELYN BOVE
2161 VALLEY VIEW DR
WICKLIFFE, OH 44092

Dear Sir or Madam:

Please be advised that pursuant to Ohio Revised Code Section 1702.59, every non-profit corporation whose articles or other documents are filed with the Secretary of State of Ohio, must file a verified statement of continued existence. This certificate must be signed by a trustee, officer or three members in good standing, set forth the corporate name, the place where the principal office of the corporation is located, the date of incorporation, the fact that the corporation is still actively engaged in exercising its corporate privileges, and the name and address of its agent appointed pursuant to Revised Code Section 1702.06. The certificate must be filed before the expiry date listed above.

Pursuant to Section 1702.59, the requisite statement of continued existence for the above referenced corporation is now due to be filed. **Failure to file such statement before the expiry date will result in cancellation of the articles of the corporation.** A Statement of Continued Existence form has been enclosed for your convenience and use. Please forward the completed form, together with the requisite fee of twenty-five dollars (\$25.00) to the office of the **Secretary of State, P.O. Box 788, Columbus, Ohio 43216-0788.**

If you have questions regarding this notice, please contact our Customer Service at (614) 466-3910 or (toll free) 1-877-SOS-FILE or email us at BusServ@sos.state.oh.us. Visit our web site at www.sos.state.oh.us to review your corporate records.

If you have already submitted the corporation's statement of continued existence, please disregard this notice.

Sincerely,

A handwritten signature in black ink, appearing to read "Jennifer Brunner".

Jennifer Brunner
Secretary of State

Enclosures



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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: **173999**
2. The exact corporate name is:
THE LAKE COUNTY MEDICAL SOCIETY, INC.
3. The city, village or township in which its principal office is located is:
WILLOUGHBY
4. The county in which its principal office is located is: **LAKE**
5. The date of its incorporation is: **June 15, 1938**
6. The name of the current statutory agent is:

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

(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