



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/24/2010	201023500953	CERTIFICATE OF CONTINUED EXISTENCE (CCE)	25.00	.00		.00	.00

Receipt

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

JEFFREY M.P. SIMINOVITCH, M.D. & ASSOCIATES
9500 MENTOR AVE, STE 370
MENTOR, OH 44060

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

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):
CERTIFICATE OF CONTINUED EXISTENCE

Document No(s):
201023500953



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 August, A.D.
2010.

Ohio Secretary of State



Ohio Secretary of State
 Central Ohio: (614) 466-3910
 Toll Free: 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: **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:

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AUG 20 2011

SECRETARY OF STATE

FRANK W. JERNIKER M.D.

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

9500 Mentor Ave

Menton OH 44060

(P. O. Box addresses are not acceptable)

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

By: President of Lake County Medical Society

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, Leah Jerniker M.D. (Frank Jerniker), named herein as the statutory agent for the corporation in line 2 of this statement, hereby acknowledges and accepts the appointment of statutory agent.

Leah Jerniker M.D.
 Signature of Statutory Agent