



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/26/2010	201029800280	DOMESTIC/DISSOLUTION (DIS)	50.00	.00		.00	.00

Receipt

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

KEVN FOOTE
325 FAIRVIEW AVE.
DOYLESTOWN, OH 44230

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**1007714**

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

PILLAR MEDICAL ASSOCIATES, INC.

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

Document(s)

DOMESTIC/DISSOLUTION

Document No(s):

201029800280

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 21st day of October,
A.D. 2010.

Ohio Secretary of State

Print Form



Prescribed by

The 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 1329
 Columbus, OH 43216

CERTIFICATE OF DISSOLUTION BY SHAREHOLDERS, DIRECTORS, OR INCORPORATORS

(Domestic Profit)
 (Filing Fee \$50.00)

RECEIVED

OCT 21 2010

SECRETARY OF STATE

(CHECK ONLY ONE (1) BOX)

x (1) ☒ Shareholders (150-DISS) (2) ☐ Directors (137-DISD) (3) ☐ Incorporators (138-DISI)

Complete the general information in this section for the box checked above.

Pillar Medical Associates, Inc.
 (Exact Name of Corporation)
1607714
 (Charter Number)
Kevin Foote, who is President
 (Name) (Title)

of the above named Ohio corporation, articles of incorporation of which were filed in the office of the secretary of state on 6/15/1998 do hereby certify that:
 (Date)

Effective Date (Optional) 10/19/10 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)

The place where its principal office in Ohio is or is to be located is:

Daylestown, Ohio Wayne
 (City, Township or Village) (County)

The name and Ohio address of statutory agent is:

Kevin Foote
 (Name)
325 Fairview Ave
 (Street) NOTE: P.O. Box Addresses are NOT acceptable.
Daylestown, Ohio 44230
 (City) (Zip Code)

NOTE: If the statutory agent listed has changed or differs from the agent currently appearing on the corporate records in the secretary of state's office, the named agent must acknowledge and accept the appointment as statutory agent.

ACCEPTANCE OF APPOINTMENT

The Undersigned, J. Kevin Foote, named herein as the

Statutory agent for the corporation named herein, hereby acknowledges and accepts the appointment of statutory agent for said corporation.

Signature: [Signature]
 (Statutory Agent)

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

The names and complete street addresses of the DIRECTORS are:

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

Name	Street	City & State	Zip Code
Kevin Foote	325 Fairview Ave	Doylestown, OH	44230

The names and complete street addresses of the OFFICERS are:

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

Name	Street	City & State	Zip Code
Kevin Foote	325 Fairview Ave	Doylestown, OH	44230

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

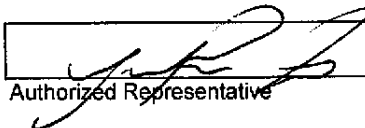
The undersigned have been authorized to execute and file this certificate by a resolution adopted:

(Check one of the following)

- ☒ at a special meeting of the shareholders of said corporation, notice of which was given to all shareholders of every class, whether entitled to vote or not, by the votes cast in person or by proxy, by the holders of record of shares entitling them to exercise 100 % of the voting power
- ☐ in writing signed under provisions of section 1701.54 of the ORC by all the shareholders who would be entitled to a notice of a meeting held for such purpose declaring that the corporation elects to wind up its affairs and dissolve

REQUIRED

Must be authenticated (signed)
by an authorized representative


Authorized Representative

4/5/10
Date

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

The undersigned have been authorized to execute and file this certificate by a resolution of the Board of Directors adopted pursuant to section 1701.86(D) () (must insert proper paragraph of the ORC)

(Check one of the following)

- ☐ at a meeting duly called and held on _____
- ☐ in writing signed by all of the directors pursuant to section 1701.43 of the ORC declaring that the corporation elects to wind up its affairs and dissolve

REQUIRED

Must be authenticated (signed)
by an authorized representative

Authorized Representative

Date

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

The names and complete street addresses of the INCORPORATORS are:

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

Name	Street	City & State	Zip Code

Whereas, the corporation has not begun business, or, subscriptions to shares have not been received as set forth in the articles, the incorporators elect to dissolve the corporation.

REQUIRED

Must be authenticated (signed)
by an authorized representative

_____ *VF*

Authorized Representative

4/5/10

Date

Authorized Representative

Date

Authorized Representative

Date

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

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities (1701.86(H)(6) ORC)

Pillar Medical Associates, Inc.
(Exact Name of Corporation)

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate of Dissolution and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of Section 1701.95 of the ORC.

AGENCY

Ohio Department of Taxation
Dissolution Section
Box 182382
Columbus, Ohio 43218-2382

DATE NOTIFIED

10/18/10

Ohio Job & Family Services
Status and Liability Section
Data Correspondence Control
Overnight: 4020 East 5th Avenue
Columbus, OH 43219-1811
Regular: P.O. Box 182413
Columbus, OH 43218-2413
Fax: 614-752-4811
Phone: 614-466-2319

10/18/10

The treasurer of any County named below:

Ohio Bureau of Workers' Compensation
30 W. Spring Street
Columbus, Ohio 43215

10/18/10

(Note: This affidavit must be signed by one or more persons executing the certificate of dissolution or by an officer of the corporation.)

By: J. Kevin Foote

Title: President

Name: J. Kevin Foote

325 Fairview Ave Daylestown OH 44230
(Street) (State) (Zip Code)

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

(City)

(State)

(Zip Code)

Sworn before me and subscribed in my presence on

10/18/10
(Date)



LINDA A. LEDNIK
Notary Public, State of Ohio
My Commission Expires 11-23-2010
Seal)

Linda A. Lednik
(Notary Public)

11-23-2010
(Date)

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

STATE OF OHIO

County of Summit :SS

J. Kevin Foote

President

(Title)

, being first duly sworn, deposes and says that she/he is

of Pillar Medical Associates, Inc

that this affidavit is made in compliance with section

1701.86

of the ORC:

(Section #)

That said corporation has (Check one of the following)

☒ A. has no personal property in any county in the State of Ohio:

☐ B. personal property only in the following county(ies)

and that the net assets of said corporation are sufficient to pay all personal property taxes accrued to date.

Signature: J. Kevin Foote

Name: J. Kevin Foote

Sworn before me and subscribed in my presence on

10.18.2010

(Date)

Linda A. Lednik

(Notary Public)



(Notary Seal)

LINDA A. LEDNIK
Notary Public, State of Ohio
My Commission Expires 11-23-2010

Commission Expires

11.23.10

(Date)