



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

6/24/2011

RE: LOCUM MEDICAL GROUP
REGISTRATION NO: RN224538
ORIGINAL DATE: October 24, 1996

LOCUM MEDICAL GROUP LLC
25825 SCIENCE PARK DT STE 300
CLEVELAND, OH 44122

Dear Sir or Madam:

Please be advised that pursuant to Ohio Revised Code Section 1329.04, the above referenced trade name registration is due to expire. Renewal of the registration for another five (5) year term is available. A renewal form has been enclosed for your convenience.

Please recognize that if not renewed, the registration will be cancelled from our records. If renewal is desired, please complete the enclosed renewal form, and forward the same, together with a filing fee of twenty-five dollars (\$25.00) to the **Secretary of State's office, P.O. Box 788, Columbus, Ohio 43216-0788.**

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

If you have already submitted your renewal, please disregard this notice.

Sincerely,

A handwritten signature in black ink that reads "Jon Husted".

Jon Husted
Secretary of State

Enclosures



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RENEWAL OF TRADE NAME REGISTRATION

1. The Registration Number to be renewed is: **RN224538**
2. The trade name to be renewed is:
LOCUM MEDICAL GROUP
3. The date of original registration is: **October 24, 1996**
4. The applicant is: (check appropriate item)
 - ☐ an individual
 - ☐ an Ohio corporation, Charter Number: _____
 - ☐ a foreign corporation, incorporated in the state of: _____
 - ☐ a General Partnership
 - ☐ a Limited Liability Company
 - ☐ a Limited Partnership; County in Ohio where certificate /application of limited partnership is filed: _____
 - ☐ a Professional association
 - ☐ an association
 - ☐ a Society, Foundation, Federation or other organization
5. The name of the applicant designated in item 4 is:

 (Note: When the applicant is a partnership, the name of the partnership must appear on this line)

6. The business address of the applicant is:

 (Street address only, P.O. Box not acceptable)

 (City, Village or Township)

 (County)

 (State)

 (Zip Code)

7. Complete only if applicant is a partnership:

Names of All General Partners

Complete Residence Address

_____	_____
_____	_____
_____	_____

This document is signed by a corporate officer, general partner, association member or officer, or the individual applicant.

By: _____