

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/30/2011	201127200563	DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS)	25.00	.00		.00	.00

Receipt

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

PREMIER MEDICAL SUPPLIES INC.
18234 SOUTH MILES ROAD
CLEVELAND, OH 44128

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

608399

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

PREMIER MEDICAL SUPPLIES, INC.

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

Document(s):

DOMESTIC AGENT SUBSEQUENT APPOINTMENT

Document No(s):

201127200563



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 26th day of September,
A.D. 2011.

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
Bussserv@sos.state.oh.us

Expedite this form: (select one)
Mail form to one of the following:

- ☐ Expedite PO Box 1390
Columbus, OH 43216
*** Requires an additional fee of \$100 ***
- ☒ Non Expedite PO Box 788
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 Premier Medical Supplies, Inc.

Charter, License or Registration No. 608399

Name of Current Agent Allen McCain

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

Name and Address of New Agent Claude A. McCann

Name of Agent 18234 South Miles Road

Mailing Address

Cleveland Ohio 44128

City State Zip Code

The Undersigned, Claude A. McCann, named herein as the
Name of Agent

Statutory agent for, Premier Medical Supplies, Inc., hereby acknowledges
Name of Business Entity

and accepts the appointment of statutory agent for said 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.

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

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.

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

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

Ohio

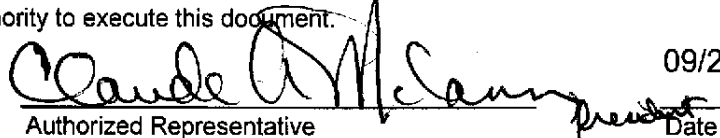
State

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)

 09/21/2011
Authorized Representative Date

Claude A. McCann, President

Print Name

Authorized Representative

Date

Print Name