



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/14/2011	201128600644	DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS)	25.00	.00		.00	.00

Receipt

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

CSC - WILMINGTON
ATTN: VERA M. NORRIS
2711 CENTERVILLE ROAD, SUITE 400
WILMINGTON, DE 19808

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**918900**

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

GENERAL HEALTHCARE RESOURCES, INC.

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

Document(s):

DOMESTIC AGENT SUBSEQUENT APPOINTMENT

Document No(s):

201128600644

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 7th day of October, 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
Busserv@sos.state.oh.us

Expedite this form: (select one)

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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 <u>GENERAL HEALTHCARE RESOURCES, INC.</u>
Charter, License or Registration No. <u>918900</u>
Name of Current Agent <u>C T Corporation System</u>

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

Name and Address of New Agent	<u>CSC-Lawyers Incorporating Service (Corporation Service Company)</u> Name of Agent <u>50 West Broad Street, Suite 1800</u> Mailing Address <u>Columbus</u> <u>Ohio</u> <u>43215</u> City State Zip Code
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Complete the information in this section if box (1) is checked and business is an Ohio entity**ACCEPTANCE OF APPOINTMENT FOR DOMESTIC ENTITY'S AGENT**

The Undersigned, CSC-Lawyers Incorporating Service (Corporation Service Company), named herein as the

 Name of Agent

Statutory agent for, GENERAL HEALTHCARE RESOURCES, INC., hereby acknowledges

 Name of Business Entity

and accepts the appointment of statutory agent for said entity.

CSC-Lawyers Incorporating Service (Corporation Service Company)

Signature: By: S. Queppet

Statutory Agent

Sylvia Queppet, Asst. Vice President

- ☐ 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.

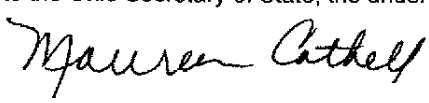
 Mailing Address

 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.		
		October 4, 2011
REQUIRED Must be authenticated (signed) by an authorized representative (See Instructions)	Authorized Representative	Date
	Maureen Cathell	
	Print Name	
	Authorized Representative	Date
	Print Name	