



JON HUSTED
OHIO SECRETARY OF STATE

180 East Broad Street, 18th Floor | Columbus, Ohio 43215
Tel: (877) 767-6446 | Fax: (614) 644-0649 | www.OhioSecretaryofState.gov

7/8/2013

RE: NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES, INC.
CHARTER NO: 359442
ORIGINAL DATE: March 24, 1967
EXPIRY DATE: 11/6/2013

WILLIE F. AUSTIN
8300 HOUGH AVE.
CLEVELAND, OH 44103

Dear Sir or Madam:

Please be advised that pursuant to Ohio Revised Code Section 1702.59, every nonprofit corporation whose articles or other documents are filed with the Secretary of State of Ohio, must file a statement of continued existence. This certificate must be signed by a director, officer or three members in good standing, set forth the corporate name, the place where the principal office of the corporation is located, the date of incorporation, the fact that the corporation is still actively engaged in exercising its corporate privileges, and the name and address of its current statutory agent appointed pursuant to Revised Code Section 1702.06. If the current agent's name or address is incorrect, then please submit a statutory agent update form (Form 521) to correct the record. The certificate must be filed before the expiry date listed above.

Pursuant to Section 1702.59, the requisite statement of continued existence for the above referenced corporation is now due to be filed. **Failure to file such statement before the expiry date will result in cancellation of the articles of the corporation.** A Statement of Continued Existence form has been enclosed for your convenience and use. Please forward the completed form, together with the requisite fee of twenty-five dollars (\$25.00) to the office of the **Secretary of State, P.O. Box 788, Columbus, Ohio 43216-0788.**

If you have questions regarding this notice, please contact our Customer Service at (614) 466-3910 or (toll free) 1-877-SOS-FILE or email us at busserv@ohiosecretaryofstate.gov. Visit our web site at www.ohiosecretaryofstate.gov to review your corporate records.

If you have already submitted the corporation's statement of continued existence, please disregard this notice.

Sincerely,

Jon Husted
Secretary of State

Enclosures



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**STATEMENT OF CONTINUED EXISTENCE
OF CORPORATION - NONPROFIT**

The undersigned, a director, 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: **359442**
2. The exact corporate name is:
NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES, INC.
3. The city, village or township in which its principal office is located is:
CLEVELAND
4. The county in which its principal office is located is: **CUYAHOGA**
5. The date of its incorporation is: **March 24, 1967**
6. The name of the current statutory agent is:

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

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

By: _____