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09/30/2014	201427301108	TRADE NAME/ORIGINAL FILING (RNO)	50.00	0.00	0.00	0.00	0.00

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ERIC R. HOFFMAN
5910 LANDERBROOK DRIVE, SUITE 200
CLEVELAND, OH 44124

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

2330916

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

UNITED MED SOURCE

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

Document(s)

TRADE NAME/ORIGINAL FILING

Effective Date: 09/29/2014

Document No(s):

201427301108

Date of First Use: 09/01/2014

Expiration Date: 09/29/2019

INVERTED HEALTHCARE STAFFING, LLC
6100 OAK TREE BLVD.,
SUITE 229
INDEPENDENCE, OH 44131



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
30th day of September, A.D. 2014.

Ohio Secretary of State



Form 534A Prescribed by:

JON HUSTED
Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: (877) SOS-FILE (767-3453)

www.OhioSecretaryofState.gov

Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)

P.O. Box 670

Columbus, OH 43216

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time requires an additional \$100.00).

P.O. Box 1390

Columbus, OH 43216

Name Registration

Filing Fee: \$50

CHECK ONLY ONE (1) Box

☒ Trade Name
 (167-RNO)

Date of first use: 09/01/2014

MM/DD/YYYY

☐ Fictitious Name
 (169-NFO)

RECEIVED
 SEP 29 2014
 SECRETARY OF STATE

United Med Source

Name being Registered or Reported

Inverted Healthcare Staffing, LLC

Name of the Registrant

Note: If the registrant is a partnership, please provide the name of the partnership. Individual partner names are not permitted but are required on page 2 of the form.

Registrant's Entity Number (if registered with Ohio Secretary of State): 1729617

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Staffing for healthcare providers.

Business address:

6100 Oak Tree Blvd., Suite 229

Mailing Address

Independence

City

Ohio

State

44131

Zip Code

Complete the information in this section if registrant is a partnership NOT registered in Ohio pursuant to ORC 1776, if partnership is registered, provide registration number on page one.

Provide the name and address of at least one general partner:

Name

Address

Erick LaGroux

470 OLD COUNTRY LANE

N Lima OH

44452

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign corporation/limited liability company, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation/limited liability company licensed in Ohio under an assumed name, please provide the assumed name and the name as registered in its jurisdiction of formation.

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

Application must be signed by the registrant or an authorized representative.

Signature

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

By (if applicable)

Erick LaGroux

Print Name

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.