DOC ID ----> 201701304312

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/17/2017	201701304312	REINSTATEMENT (REN)	25.00	0.00	0.00	0.00	0.00

Receipt

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

BRICKER & ECKLER LLP
CHRISTINA MILLER
100 S. THIRD ST
COLUMBUS, OH 43215

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted
837105

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

PHYSICIANS CARECONNECTION

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

Document(s)	Document No(s):
REINSTATEMENT	**201701304312**

Effective Date: 01/09/2017

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 17th day of January, A.D. 2017.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201701304312

Form 525B Prescribed by:

JON HUSTED
OHIO SECRETARY OF STATE

Toll Free: (877) SOS-FILE (877-767-3453)
Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov
busserv@OhioSecretaryofState.gov
File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 768
Columbus, OH 43216

Expedite Filing (Two business day processing time. Requires an additional $100.00)
P.O. Box 1390
Columbus, OH 43216

Reinstatement

Filing Fee: $25

(CHECK ONLY ONE (1) BOX)

(1) [X] Reinstatement of a Nonprofit Corporation (for failure to file a statement of continued existence) (109-RENN)

(2) [ ] Reinstatement of a Limited Liability Partnership (for failure to file biennial report(s)) (112-PLR)
THIS FORM MUST BE ACCOMPANIED BY ALL DELINQUENT BIENNIAL REPORT(S) AND FILING FEE(S)

Cancellation Date
The entity was canceled on [ ]

(3) [ ] Reinstatement of a Professional Corporation (for failure to file biennial report(s)) (110-RENP)
THIS FORM MUST BE ACCOMPANIED BY ALL DELINQUENT BIENNIAL REPORT(S) AND FILING FEE(S))

Name of Entity Physicians CareConnection

Charter/Registration Number 837105

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
Reinstatement must be signed by an authorized representative. (see instructions for specific information)

Signature

By (if applicable)

Robert Falcone
Print Name

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

Signature

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.

By (if applicable)

Print Name