DOC ID ----> 201702403488

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/25/2017	201702403488	SUBSEQUENT AGENT APPOINTMENT (AGS)	25.00	0.00	0.00	0.00	0.00

Receipt

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

NSI
145 BAKER ST.
ATTN:MELODY FREEMAN
MARION, OH 43302

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):
SUBSEQUENT AGENT APPOINTMENT	**201702403488**

Effective Date: 01/18/2017

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 25th day of January, A.D. 2017.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201702403488

Form 521 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 788
Columbus, OH 43216
Expedite Filing (two business day processing time. Requires an additional $100.00)
P.O. Box 1390
Columbus, OH 43216

Statutory Agent Update
Filing Fee: $25

(CHECK ONLY ONE(1) BOX)

(1) Subsequent Appointment of Agent
- [x] Corp (165-AGS)
- [ ] LP (165-AGS)
- [ ] LLC (171-LSA)
- [ ] Business Trust (171-LSA)
- [ ] Real Estate Investment Trust (171-LSA)

(2) Change of Address of an Agent
- [ ] Corp (145-AGA)
- [ ] LP (145-AGA)
- [ ] LLC (144-LAD)
- [ ] Business Trust (144-LAD)
- [ ] Real Estate Investment Trust (144-LAD)

(3) Resignation of Agent
- [ ] Corp (155-AGR)
- [ ] LP (155-AGR)
- [ ] LLC (153-LAG)
- [ ] Partnership (153-LAG)
- [ ] Business Trust (153-LAG)
- [ ] Real Estate Investment Trust (153-LAG)

Name of Entity: Physicians CareConnection

Charter, License or Registration No.: 837105

Name of Current Agent: Mercury Agent Company

RECEIVED
SECRETARY OF STATE
2017 JAN 18 PM 3:51
CLIENT SERVICE CENTER

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

Name and Address of New Agent

National Registered Agents, Inc.
Name of Agent

1300 E. Ninth St.
Mailing Address

Cleveland
City

Ohio
State

44114
Zip Code

DOC ID ----> 201702403488

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, National Registered Agents, Inc. (Name of Agent), named herein as the statutory agent for Physicians CareConnection (Name of Business Entity), hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: Asst. Secretary

Individual Agent's Signature/Signature on behalf of Business Serving as Agent

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

New Address of Agent

Mailing Address

City | Ohio (State) | Zip Code

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 | State | Zip Code

DOC ID ----> 201702403488

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

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

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.

Authorized Representative

By (if applicable)

Robert Falcon
Print Name

Authorized Representative

By (if applicable)

Print Name