



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
11/15/2018	201831802210	FICTITIOUS NAME REGISTRATION (NFO)	39.00	0.00	0.00	0.00

Receipt

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

CALFEE, HALTER & GRISWOLD LLP
GREGORY J. DZIAK
1405 EAST 6TH STREET
CLEVELAND, OH 44114

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
4255067

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

ON CALL

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

Document(s)

FICTITIOUS NAME REGISTRATION

Effective Date: 11/13/2018

Document No(s):

201831802210

Expiration Date: 11/13/2023

FORTEC MEDICAL, INC.
6245 HUDSON CROSSING PARKWAY
HUDSON, OH 44236



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
15th day of November, A.D. 2018.

Ohio Secretary of State

Form 534A Prescribed by:

JON HUSTED

Ohio Secretary of State



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

Central Ohio: (614) 466-3910

www.OhioSecretaryofState.govBusserv@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 670

Columbus, OH 43216

Expedite Filing (Two business day processing time.

P.O. Box 1390 Requires an additional \$100.00.)

Columbus, OH 43216

For screen readers, follow instructions located at this path.

Name Registration**Filing Fee: \$39****Form Must Be Typed****CHECK ONLY ONE (1) Box**☐ Trade Name
(167-RNO)

Date of first use:

MM/DD/YYYY

☒ Fictitious Name
(169-NFO)

On Call

Name being Registered or Reported

ForTec Medical, Inc.

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): 784185

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

mobile medical and surgical equipment sales and rentals.

RECEIVED
 SECRETARY OF STATE
 2018 NOV 13 PM 12:16
 CLIENT SERVICE CENTER

Business address:

6245 Hudson Crossing Parkway

Mailing Address

Hudson

City

Ohio

State

44236

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

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.

John Voyzey
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)

John Voyzey, Authorized Representative
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.