



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/23/2019	201935704056	SUBSEQUENT AGENT APPOINTMENT (AGS)	25.00				0

Receipt

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

AXIS HOME HEALTHCARE, INC
600 E SMITH RD
SUITE# 8
MEDINA, OH, 44256

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
2139359

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
AXIS HOME HEALTHCARE, INC.
and, that said business records show the filing and recording of:

Document(s)

SUBSEQUENT AGENT APPOINTMENT**Effective Date: 12/23/2019**

Document No(s):

201935704056

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 23rd day of December, A.D.
2019.

Ohio Secretary of State

Form 521 Prescribed by:



Date Electronically Filed: 12/23/2019

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.govFile online or for more information: OhioBusinessCentral.gov

Statutory Agent Update

Filing Fee: \$25

Form Must Be Typed

(CHECK ONLY ONE(1) BOX)

(1) Subsequent Appointment of Agent

- ☒ 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 Charter, License or Registration No. Name of Current Agent

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

Name and Address
of New Agent

Name of Agent

Mailing Address

City

State

ZIP Code

Complete the information in this section if box (1) is checked and business is an Ohio entityACCEPTANCE OF APPOINTMENT FOR DOMESTIC ENTITY'S AGENT

The Undersigned, , named herein as the
Name of Agent
statutory agent for , hereby acknowledges
Name of Business Entity

and accepts the appointment of statutory agent for said entity.

Signature:

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

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

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.

AXIS HOME HEALTHCARE, INC.

Signature

BALJEET KHOSA-SEIBERT

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Provider Information for 1295086254

[Search \(/registry/\)](#) / [Back to Results](#) / [NPI View](#)

AXIS HOME HEALTHCARE, INC.

Organization Subpart: NO



NPI: 1295086254



Last Updated: 2019-12-11

Certification Date: 2019-12-11

Details

Name	Value
NPI	1295086254
Enumeration Date	2012-09-30
NPI Type	2- Organization
Status	Active
Authorized Official Information	Name: MS. BALJEET K KHOSA-SEIBERT Title: PRESIDENT Phone: 216-290-2123
Mailing Address	600 E SMITH RD STE 8 MEDINA, OH 44256-2666 United States Phone: 216-290-2123 Fax: 216-290-2122 View Map (/registry/map-view?q=600 E SMITH RD STE 8, MEDINA, OH, 442562666, United States) 📍

Name	Value														
Primary Practice Address	600 E SMITH RD STE 8 MEDINA, OH 44256-2666 United States Phone: 216-290-2123 Fax: 216-290-2122 View Map (/registry/map-view?q=600 E SMITH RD STE 8, MEDINA, OH, 442562666, United States) 📍														
Health Information Exchange	<table><tr><th>Endpoint Type</th><th>Endpoint</th><th>Endpoint Description</th><th>Use</th><th>Content Type</th><th>Affiliation</th><th>Endpoint Location</th></tr><tr><td colspan="7"></td></tr></table>	Endpoint Type	Endpoint	Endpoint Description	Use	Content Type	Affiliation	Endpoint Location							
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Other Identifiers	<table><tr><th>Issuer</th><th>State</th><th>Number</th></tr><tr><td colspan="3"></td></tr></table>	Issuer	State	Number											
Issuer	State	Number													
Taxonomy	<table><tr><th>Primary Taxonomy</th><th>Selected Taxonomy</th><th>State</th><th>License Number</th></tr><tr><td>Yes</td><td>251E00000X - Home Health</td><td></td><td></td></tr><tr><td colspan="4"></td></tr></table>	Primary Taxonomy	Selected Taxonomy	State	License Number	Yes	251E00000X - Home Health								
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