DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
11/23/2020	202032804478	TRADE NAME RENEWAL (RNR)	25.00				0

Receipt

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

HARTVILLE INTERNAL MEDICINE
855 W MAPLE ST
STE 130
HARTVILLE, OH, 44632

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

1596665

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

MINERVA MEDICAL CENTER

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

Document(s)	Document No(s):
TRADE NAME RENEWAL	**202032804478**

Effective Date: 11/23/2020

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 November, A.D. 2020.

Ohio Secretary of State

Form 523A Prescribed by:

Date Electronically Filed: 11/23/2020

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

Renewal of Trade Name or Fictitious Name Registration

Filing Fee: $25

Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

☒ Renewal of Trade Name (172-RNR)	☐ Renewal of Fictitious Name (159-NFR)
Reg. No. 1596665	Reg. No.

Trade Name or Fictitious Name to be Renewed: MINERVA MEDICAL CENTER

Name of Registrant Renewing Name: HARTVILLE INTERNAL MEDICINE, P.A., INC.

Registrant's Entity Number (if registered with Ohio Secretary of State): 1241544

Complete if the registrant is a general partnership and has not provided an entity number above. Registration numbers are assigned to partnerships that have filed a statement under Ohio Revised Code Chapter 1776 OR complete if a partner was listed on the original application and that person/entity is no longer a partner.

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

Renewal must be signed by the registrant or authorized representative of the registrant.

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.

MINERVA MEDICAL CENTER

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name