



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
04/19/2021	202109600634	TRADE NAME REGISTRATION (RNO)	39.00	0.00	0.00	0.00

Receipt

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

BLACK MCCUSCKEY SOUERS & ARBAUGH
220 MARKET AVENUE SOUTH
SUITE 1000
CANTON, OH 44702

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
4654209

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

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

Document(s)

TRADE NAME REGISTRATION

Effective Date: 04/06/2021

Document No(s):

202109600634

Date of First Use: 10/01/2020

Expiration Date: 04/06/2026

NORTHEAST PROFESSIONAL HOME CARE INC.
4580 STEPHEN CIR. NW, #301
CANTON, OH 44718



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
19th day of April, A.D. 2021.

Ohio Secretary of State

Form 534A Prescribed by:



Date Electronically Filed: 4/6/2021

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

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

Name Registration

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

Date of first use:

10/1/2020

MM/DD/YYYY

Fictitious Name
(169-NFO)

NORTHEAST PROFESSIONAL THERAPY

Name being Registered or Reported

NORTHEAST PROFESSIONAL HOME CARE 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): 902946

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

The general nature of the registrant's business is home health care.

Business address:

4580 STEPHEN CIR. NW, #301

Mailing Address

CANTON

City

OH

State

44718

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.

BRIAN R MERTES, ESQ.

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)

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.