DOC ID ----> 202215704604

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
06/08/2022	202215704604	REINSTATEMENT (REN)	25.00	0.00	0.00	0.00

Receipt

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

EPSTEIN BECKER & GREEN, P.C.
375 NORTH FRONT STREET
SUITE 325
COLUMBUS, OH 43215

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose
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):
REINSTATEMENT	**202215704604**

Effective Date: 06/06/2022

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 8th day of June, A.D. 2022.

Ohio Secretary of State

DOC ID ----> 202215704604

Form 525B Prescribed by:

Frank LaRose
Ohio Secretary of State

Telphone: 877.767.3453
OhioSoS.gov | business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

Reinstatement

Filing Fee: $25
Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1) ☒ Reinstatement of a Nonprofit Corporation (for failure to file a statement of continued existence) (109-RENN)

(2) ☐ Reinstatement of a Limited Liability Partnership (for failure to file biennial report(s)) (112-PLR)

Cancellation Date
The entity was canceled on MM/DD/YYYY

THIS FORM MUST BE ACCOMPANIED BY ALL DELINQUENT BIENNIAL REPORT(S) AND FILING FEE(S)

(3) ☐ Reinstatement of a Professional Corporation (for failure to file biennial report(s)) (110-RENP)

THIS FORM MUST BE ACCOMPANIED BY ALL DELINQUENT BIENNIAL REPORT(S) AND FILING FEE(S)

(4) ☐ Reinstatement of a Tax Canceled Corporation (109-RENN)

THIS FORM MUST BE ACCOMPANIED BY THE CERTIFICATE OF TAX CLEARANCE FROM THE OHIO DEPARTMENT OF TAXATION

Name of Entity PHYSICIANS CARECONNECTION

Charter/Registration Number 837105

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

Reinstatement 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.

/s/ Kevin Hilvert
Signature

By (if applicable)

Kevin Hilvert, Esq.
Print Name

Signature

By (if applicable)

Print Name